

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 17 P 1:52

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) First Allmerica Financial Life Insurance Company Federal PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 640 Lincoln Street	2. FEC IDENTIFICATION NUMBER C00169516
CITY, STATE and ZIP CODE Worcester, MA 01653	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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
5. Covering Period <u>7/1/2000</u> through <u>9/30/2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 5,352.47
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,861.15	
(c) Total Receipts (from Line 19)	\$ 9,587.66	\$ 9,599.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,448.81	\$ 14,951.97
7. Total Disbursements (from Line 30)	\$ 2,088.25	\$ 5,591.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,360.56	\$ 9,360.56
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 800 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
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

John L. McDonough

Signature of Treasurer



Date

10/12/2000

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, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
First Allmerica Financial Life Insurance Company Federal PAC (Allmerica Federal PAC)		FROM 7/1/00	TO: 9/30/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	9,584.00	9,584.00	11(a)(1)
i.	Itemized (use Schedule A)			11(a)(1)
ii.	Unitemized			11(a)(2)
ii.	Total (add i and ii) >	9,584.00	9,584.00	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >	9,584.00	9,584.00	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)	3.66	15.50	18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,587.66	9,599.50	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	9,587.66	9,599.50	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share			21(a)(2)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures <u>Sovereign Bank Charges</u>	88.25	91.41	21(c)
c.	Total Operating Expenditures (add a ii, a ii, and b) >	88.25	91.41	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	5,500.00	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,088.25	5,591.41	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,088.25	5,591.41	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	9,584.00	9,584.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	9,584.00	9,584.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	88.25	91.41	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	88.25	91.41	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11a1

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 (Allmerica Federal PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark R. Colborn 56 S. Lenox Street Worcester, MA 01602	Allmerica Financial Life Insurance and Annuity Company	8/9/00	\$ 750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director/Vice President	Aggregate Year-to-Date: \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan S. Ferlin 35 Pilgrim Drive Norwood, MA 02062	The Hanover Insurance Company	8/6/00	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 150.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel J. Mastrototaro 435 Shrewsbury Street Holden, MA 01520	Allmerica Financial Life Insurance and Annuity Company	8/14/00	\$ 135.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Vice President	Aggregate Year-to-Date: \$ 135.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Bouvier 4 Calvins Lane Sterling, MA 01564	First Allmerica Financial Life Ins. Company	8/12/00	\$ 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Project Manager	Aggregate Year-to-Date: \$ 35.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Van G. Leichter 8 Pendlum Pass Hopkinton, MA 01748	Allmerica Financial Corporation	8/13/00	\$ 225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Management Dev.	Aggregate Year-to-Date: \$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary S. Bujaucius 4 Westwood Drive Worcester, MA 01609	The Hanover Insurance Company	8/4/00	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. 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
Benjamin R. Rhodes 133 Elton Street Providence, RI 02906	Allmerica Property and Casualty Company	8/6/00	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Imp. Coordinator	Aggregate Year-to-Date: \$ 100.00	

SUBTOTAL of Receipts This Page (optional)

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 4 OF 6
FOR LINE NUMBER 11xi

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis M. Landry 75 Twinbrooke Drive Holden, MA 01520	The Hanover Insurance Company	8/6/00	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Process Owner		
	Aggregate Year-to-Date >		\$ 150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Portney 32 Adams Road Sudbury, MA	First Allmerica Financial Life Ins. Company	8/8/00	\$ 525.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Corp. Comm.		
	Aggregate Year-to-Date >		\$ 525.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard J. Buonanno 81 Amsterdam Ave Warwick, RI 02889	First Allmerica Financial Life Ins. Company	8/8/00	\$ 469.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Market Dev.		
	Aggregate Year-to-Date >		\$ 469.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Luther 4 Davis Road Auburn, MA 01501	First Allmerica Financial Life Ins. Company	8/5/00	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date >		\$ 100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald P. Wayman 29 G&S Drive Dudley, MA 01571	First Allmerica Financial Life Ins. Company	8/10/00	\$ 135.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. Vice President		
	Aggregate Year-to-Date >		\$ 135.00
F. 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 North Grafton, MA 01536	First Allmerica Financial Life Ins. Company	8/25/00	\$ 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
Mark H. Stepakoff 190 Bristol Road Wellesley, MA 02481	First Allmerica Financial Life Ins. Company	8/20/00	\$ 225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. Vice President		
	Aggregate Year-to-Date >		\$ 225.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 6
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael S. Cramer 44 Gage Lane Shrewsbury, MA 01545	First Allmerica Financial Life Ins. Company	8/21/00	\$ 115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Software Engineer	Aggregate Year-to-Date > \$ 115.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Matheson 44 Heather Circle Jefferson, MA 01522	Allmerica Financial Corporation - Service Co.	8/22/00	\$ 225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. Vice President	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith H. Fleming 91 Hill Street Shrewsbury, MA 01545	First Allmerica Financial Life Ins. Company	8/18/00	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Leif 30 Wild Farm Road Northboro, MA 01532	Allmerica Financial Life Insurance and Annuity Company	8/15/00	\$ 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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan H. Watson 7 Old Connecticut Path Westboro, MA 01581	The Hanover Insurance Company	8/16/00	\$ 525.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 525.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Ross 1 Beth Lee Drive Grafton, MA 01519	First Allmerica Financial Life Ins. Company	8/15/00	\$ 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George M. Boyd 272 Crawford Street Northboro, MA 01532	First Allmerica Financial Life Ins. Company	8/15/00	\$ 450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Counsel	Aggregate Year-to-Date > \$ 450.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 8
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NAME OF COMMITTEE (In Full)
First Allmerica Financial Life Insurance Company Federal PAC (Allmerica Federal PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorna Sterns 137 Dresser Hill Rd. Charlton, MA 01507	Allmerica Financial Corporation	8/19/00	\$ 120.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Process Owner	Aggregate Year-to-Date > \$ 120.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Scheinerman 59 Park Ave Needham, MA 02494	Allmerica Financial Corporation	8/19/00	\$ 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 75.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald B. Christie 2 Pine Haven Drive Holden, MA 01520	Allmerica Financial Corporation	8/21/00	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Process Owner	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick D. Ferrer 28 Cedar Meadow Lane Media, PA 19063	Allmerica Select	9/8/00	\$ 750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division Sales Mgr.	Aggregate Year-to-Date > \$ 750.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry P. St. Cyr 138 Justice Hill Road Sterling, MA 01564	First Allmerica Financial Life Ins. Company	9/10/00	\$ 450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Investor Relations	Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael K. Britt 450 E. Oxford Barrington, IL 60010	Citizens Insurance Company of America	8/8/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Mangano 25 Potter Hill Road Grafton, MA 01519	Allmerica Financial Life Insurance and Annuity Company	9/9/00	\$ 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Process Owner	Aggregate Year-to-Date > \$ 75.00	

SUBTOTAL of Receipts This Page (optional)

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 7 OF 8
FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian R. Swords 76 Longfellow Road Sudbury, MA 01776	Allmerica Financial Corp.	8/27/00	\$ 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	
B. Full Name, Mailing Address and ZIP Code Robert B. Meitzer 1700 E. 13th St - 14TE Cleveland, OH 441144	Allmerica Life & Annuity Company	9/18/00	\$ 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	
C. Full Name, Mailing Address and ZIP Code Jay R. Lussier 43 Loring Street Auburn, MA 01501	Allmerica Financial Life Insurance and Annuity Company	9/20/00	\$ 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	
D. Full Name, Mailing Address and ZIP Code Gary C. Renaud 37 Hingham Court Leominster, MA 01453	First Allmerica Financial Life Ins. Company	9/23/00	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IT Director	Aggregate Year-to-Date > \$ 150.00	
E. Full Name, Mailing Address and ZIP Code Kenneth Mudie 31 Wildrose Ave Worcester, MA 01602	The Hanover Insurance Company	9/27/00	\$ 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 > \$ 150.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 9,584.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AIA Federal PAC 1130 Connecticut Ave NW Suite 1000 Washington, DC 20036	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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)

TOTAL This Period (last page this 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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/13/00
<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	
CR	10/17/00
PREPARER	DATE PREPARED