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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

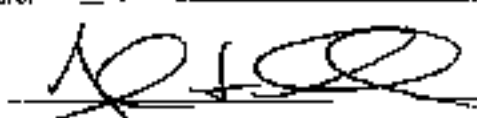
1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
First Allmerica Financial Life Insurance Company Federal PAC

ADDRESS (number and street) 440 Lincoln Street
 Check if different than previously reported. (ACC)
Worcester MA 01693

2. **FEC IDENTIFICATION NUMBER** C00169516
3. **IS THIS REPORT** **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2001 through 06 30 2001

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 07 31 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
First Allmerica Financial Life Insurance Company Federal PAC

Report Covering the Period: From:

MM	DD	YYYY
01	01	2001

 To:

MM	DD	YYYY
06	30	2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>YYYY</td></tr><tr><td>2001</td></tr></table>	YYYY	2001		9177.32
YYYY				
2001				
(b) Cash on Hand at Beginning of Reporting Period	9177.32			
(c) Total Receipts (from Line 19)	6079.39	6079.39		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15258.71	15258.71		
7. Total Disbursements (from Line 30)	2123.42	2123.42		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13133.29	13133.29		
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 1M)

For further information contact:

Federal Election Commission
1 999 E street, NW
Washington, DC 20463

Toll Free 800-426-9530
Local 202-684-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

First Allmerica Financial Life Insurance Company Federal PAC

Report Covering the Period:

From:

MM DD YYYY
01 01 2001

To:

MM DD YYYY
06 30 2001

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)	3925.00	
(ii) Unitemized	2126.98	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6051.98	6051.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 32, page 4)	6051.98	6051.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	27.41	27.41
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 17, and 18)	8079.39	8079.39
20. Total Federal Receipts (subtract Line 18 from Line 19)	8079.39	8079.39

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	123.42	123.42	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	123.42	123.42	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00	
24. Independent Expenditure (use Schedule E).....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00	
(b) Political Party Committees.....	0.00	0.00	
(c) Other Political Committees (such as PACs).....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	2123.42	2123.42	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	2123.42	2123.42	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6051.98	6051.98	
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00	
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6051.98	6051.98	
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	123.42	123.42	
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00	
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	123.42	123.42	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 / 9
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)
Jack Joyce

Mailing Address
5 Indian Path
City North Grafton State MA Zip Code 01538

FEC ID number of contributing federal political committee.

Name of Employer
First Allmerica Financial Life Insurance

Occupation
Vice President and Counsel

Receipt For:
 Primary General
 Other (specify)▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 22 / 2001

Amount of Each Receipt this Period
300.00

Transaction ID: SA11A1.4103

B. Full Name (Last, First, Middle Initial)
Charles Kingsbury

Mailing Address
7 Jefferson Drive
City Paxton State MA Zip Code 01612

FEC ID number of contributing federal political committee.

Name of Employer
First Allmerica Financial Life Insurance

Occupation
VP - Corporate Expense Management

Receipt For:
 Primary General
 Other (specify)▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2001

Amount of Each Receipt this Period
450.00

Transaction ID: SA11A1.4115

C. Full Name (Last, First, Middle Initial)
Van Leichter

Mailing Address
8 Pendulum Pass
City Hopkinton State MA Zip Code 01748

FEC ID number of contributing federal political committee.

Name of Employer
First Allmerica Financial Life Insurance

Occupation
Vice President - Management Development

Receipt For:
 Primary General
 Other (specify)▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 22 / 2001

Amount of Each Receipt this Period
225.00

Transaction ID: SA11A1.4104

SUBTOTAL of Receipts This Page (optional) ▶

975.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 / 9
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) A. Richard Leif		Date of Receipt MM / DD / YYYY 03 / 27 / 2001
Mailing Address 30 Willes Farm Road		Amount of Each Receipt this Period 300.00
City Northboro	State Zip Code MA 01532	
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4116
Name of Employer First Allmerica Financial Life Insurance	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Jay Lussier		Date of Receipt MM / DD / YYYY 03 / 27 / 2001
Mailing Address 43 Loring Street		Amount of Each Receipt this Period 325.00
City Auburn	State Zip Code MA 01501	
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4114
Name of Employer First Allmerica Financial Life Insurance	Occupation VP - AFS Business Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Year-to-Date 325.00	

Full Name (Last, First, Middle Initial) C. Daniel Mastrolotaro		Date of Receipt MM / DD / YYYY 04 / 10 / 2001
Mailing Address 435 Shrewsbury Street		Amount of Each Receipt this Period 225.00
City Holden	State Zip Code MA 01520	
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4120
Name of Employer First Allmerica Financial Life Insurance	Occupation VP - Emerging Partners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Year-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 7 / 8	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
James Matheson

Mailing Address
44 Heather Circle

City State Zip Code
Jefferson MA 01522

FEC ID number of contributing federal political committee: []

Name of Employer
First Allmerica Financial Life Insurance

Occupation
AVP

Receipt For:
 Primary General
 Other (specify) ▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 22 / 2001

Amount of Each Receipt this Period
225.00

Transaction ID: SA11A1.4106

B. Full Name (Last, First, Middle Initial)
David Portney

Mailing Address
32 Adams Road

City State Zip Code
Sudbury MA 01776

FEC ID number of contributing federal political committee: []

Name of Employer
First Allmerica Financial Life Insurance

Occupation
Vice President - Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 22 / 2001

Amount of Each Receipt this Period
300.00

Transaction ID: SA11A1.4107

C. Full Name (Last, First, Middle Initial)
Mary Ritter

Mailing Address
239 Newell Road

City State Zip Code
Holden MA 01520

FEC ID number of contributing federal political committee: []

Name of Employer
First Allmerica Financial Life Insurance

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Election Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2001

Amount of Each Receipt this Period
750.00

Transaction ID: SA11A1.4119

SUBTOTAL of Receipts This Page (optional) ▶ 1275.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 9

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Allmerica Financial Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Henry St. Cyr

Mailing Address

138 Justice Hill Road

City

Sterling

State

MA

Zip Code

01564

FEC ID number of contributing
federal political committee.

[REDACTED]

Name of Employer

First Allmerica Financial Life In-
surance

Occupation

Vice President

Receipt For:

Primary General

Other (specify)▼

Election Year-to-Date ▼

[REDACTED] 450.00

Date of Receipt

MM / DD / YYYY
03 / 12 / 2001

Amount of Each Receipt this Period

[REDACTED] 450.00

Transaction ID: SA11A1.4130

Full Name (Last, First, Middle Initial)

B. Jerone Welha

Mailing Address

187 Mendon Road

City

Sutton

State

MA

Zip Code

01590

FEC ID number of contributing
federal political committee.

[REDACTED]

Name of Employer

First Allmerica Financial Life In-
surance

Occupation

Vice President

Receipt For:

Primary General

Other (specify)▼

Election Year-to-Date ▼

[REDACTED] 375.00

Date of Receipt

MM / DD / YYYY
04 / 19 / 2001

Amount of Each Receipt this Period

[REDACTED] 375.00

Transaction ID: SA11A1.4121

C.

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

3925.00

**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 9 / 9

<input type="checkbox"/> 21b	<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"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

First Allmerica Financial Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Contribution _____</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement MM / DD / YYYY 02 / 02 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.4143</p>
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<p>B. Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Contribution _____</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement MM / DD / YYYY 08 / 12 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.4144</p>
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C.

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00

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 <i>7-30-01</i>
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Del</i> PREPARER	<i>7-30-01</i> DATE PREPARED