

ALLMERICA FEDERAL POLITICAL ACTION COMMITTEE
440 Lincoln Street
Worcester, Massachusetts 01653

William J. Cahill, Jr., Chairman
John L. McDonough, Treasurer

John F. O'Brien, Member of the Finance Committee
Richard M. Rully, Member of the Finance Committee
Robert P. Restrepo, Jr., Member of the Finance Committee

December 5, 2000

Federal Election Commission
999 E Street, N.W.
Washington DC 20463

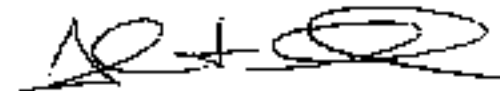
Re: First Allmerica Financial Life Insurance Company
Federal Political Action Committee
FEC #C 001-69516

Gentlemen:

Enclosed please find FEC Form 3X, completed on behalf of the above-captioned PAC, for the period from October 19, 2000 through November 27, 2000.

It would be appreciated if acknowledgment of receipt of this Report is made by signing and returning to us a copy of this letter in the enclosed self-addressed envelope.

Sincerely yours,



John L. McDonough
Treasurer

JLM:med
Enclosures

Certified Mail
Return Receipt Requested
pac\letters.fec

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2000 DEC -9 A 9:30

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -9 A 9 30

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|---|
| 1. NAME OF COMMITTEE (in full) First AllAmerica Financial Life Insurance Company Federal PAC | | 2. FEC IDENTIFICATION NUMBER 000169516 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 440 Lincoln Street | | |
| 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:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

80-Day Post-Election Report following the General Election

on 11/7/00 in the State of MA

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>10/19/00</u> through <u>11/27/00</u> | | |
| 6. (a) Cash on Hand January 1, 18 _____ | | \$ 5,352.47 |
| (b) Cash on Hand at Beginning of Reporting Period _____ | \$ 9,364.76 | |
| (c) Total Receipts (from Line 19) _____ | \$ 3.70 | \$ 9,607.40 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____ | \$ 9,368.46 | \$ 14,959.87 |
| 7. Total Disbursements (from Line 20) _____ | \$ 600.00 | \$ 6,191.41 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____ | \$ 8,768.46 | \$ 8,768.46 |
| 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 999 E Street, NW Washington, DC 20463 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, Treasurer

Signature of Treasurer



Date
12/5/00

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

(revised 9/03)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | | |
|--|---|-------------------------------|---------------------------|-----------|
| First Allmerica Financial Life Insurance Company Federal PAC | | FROM 10/19/00 | TO: 11/27/00 | |
| | | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | | |
| 11. | Contributions (other than loans) From: | | | |
| a. | Individuals/Persons Other Than Political Committees | | | |
| | i. Itemized (use Schedule A) | 0 | 9,584.00 | 11(a)(i) |
| | ii. Unitemized | | | 11(a)(ii) |
| | iii. Total (add i and ii) > | 0 | 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 iii, b and c) > | 0 | 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.) Bank Interest | 3.70 | 23.40 | 18 |
| 18. | Transfers from Nonfederal Account for Joint Activity | | | 19 |
| 19. | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 3.70 | 9,607.40 | 20 |
| 20. | Total Federal Receipts (subtract line 18 from line 19) > | 3.70 | 9,607.40 | |
| II. Disbursements | | | | |
| 21. | Operating Expenditures: | | | |
| a. | Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a)(i) |
| | i. Federal Share | | | 21(a)(ii) |
| | ii. Non-Federal Share | | | 21(b) |
| b. | Other Federal Operating Expenditures | | | 21(c) |
| c. | Total Operating Expenditures (add a i, a ii, and b) > | | | 22 |
| 22. | Transfers to Affiliated/Other Party Committees | | | 23 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 600.00 | 6,100.00 | 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: | | | 28(a) |
| | a. Individuals/Persons Other Than Political Committees | | | 28(b) |
| | b. Political Party Committees | | | 28(c) |
| | c. Other Political Committees (such as PACs) | | | 28(d) |
| | d. Total Contribution Refunds (add a, b and c) > | | | 29 |
| 29. | Other Disbursements | | | 30 |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) > | 600.00 | 6,100.00 | 31 |
| 31. | Total Federal Disbursements (subtract line 21 a ii from line 30) > | 600.00 | 6,100.00 | |
| III. Net Contributions/Operating Expenditures | | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 0 | 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) | 0 | 9,584.00 | 34 |
| 35. | Total Federal Operating Expenditures (add 21 a i and 21 b) > | 0 | 91.41 | 35 |
| 36. | Offsets to Operating Expenditures (from line 15) | 0 | 0 | 36 |
| 37. | Net Operating Expenditures (subtract line 36 from 35) > | 0 | 91.41 | 37 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Committee to Re-Elect Joe Moakley P.O. Box 1073 Boston, MA 02205-1073 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/00 | \$ 500.00 |
| B. Full Name, Mailing Address and ZIP Code James McGovern Committee 444 West Boylston Street Worcester, MA 01606 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/00 | \$ 100.00 |
| 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) | \$ 600.00 |
| TOTAL This Period (last page this line number only) | \$ 600.00 |

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) 12-5-00 |
| <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 | |
| <i>Jer</i> PREPARER | 12-9-00 DATE PREPARED |