

ALLMERICA FEDERAL POLITICAL ACTION COMMITTEE

**440 Lincoln Street
Worcester, Massachusetts 01633**

*John F. O'Brien, Chairman
Richard J. Baker, Treasurer
David C. Portney, Assistant Treasurer
Elaine D. Marcoux, Assistant Treasurer
J. Barry May, Member of the Finance Committee*

July 29, 1997

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

RECEIVED
FEDERAL ELECTION COMMISSION
JUL 1 11 58 AM '97

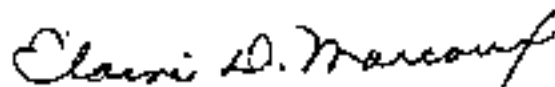
Re: First Allmerica Financial Life Insurance Company
Federal Political Action Committee
FEC #C 001-69516

Gentlemen:

Enclosed please find FEC Form 3X, completed on behalf of the above-captioned PAC, for the period from January 1, 1997 through June 30, 1997.

It would be appreciated if acknowledgement 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,



Elaine D. Marcoux
Assistant Treasurer

edm
Enclosures

Certified Mail
Return Receipt Requested
perkins fo

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 1 11 50 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

NAME OF COMMITTEE: RICHARD J BAKER
 COMMITTEE IDENTIFICATION NUMBER: 060297 N 254
 FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY FEDERAL PAC
 440 LINCOLN STREET
 WORCESTER MA 01653

2. FEC IDENTIFICATION NUMBER
 3. 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 _____
 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	01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 19 97			\$ 8,938.98
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,938.98	
(c) Total Receipts (from Line 19)		\$ 5,234.84	\$ 5,234.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 14,173.82	\$ 14,173.82
7. Total Disbursements (from Line 30)		\$ 2,621.26	\$ 2,621.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 11,552.56	\$ 11,552.56
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-5420
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
 Elaine D. Marcoux, Assistant Treasurer

Signature of Treasurer
Elaine D. Marcoux

Date
 7/29/97

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 8/93)

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 Political Action Committee	FROM	TO
	01/01/97	06/30/97
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,035.00	3,035.00
ii. Unitemized	2,163.00	2,163.00
iii. Total (add i and ii) >	5,198.00	5,198.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	5,198.00	5,198.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	36.84	36.84
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,234.84	5,234.84
20. Total Federal Receipts (subtract line 18 from line 19) >	5,234.84	5,234.84
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	21.26	21.26
c. Total Operating Expenditures (add a i, a ii, and b) >	21.26	21.26
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,600.00	2,600.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,621.26	2,621.26
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,621.26	2,621.26
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	5,198.00	5,198.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,198.00	5,198.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	21.26	21.26
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	21.26	21.26

SCHEDULE A

ITEMIZED RECEIPTS

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael P. Angelini 279 Crawford Street Northboro MA 01532	Allmerica Financial Corporation Occupation: Director	05/29/97	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Gary S. Bujaucius 203 Heritage Lane Auburn MA 01501	The Hanover Insurance Company Occupation: Asst. Vice President	05/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Gail L. Harrison 3601 No. Jefferson St. Arlington VA 22707	Allmerica Financial Corporation Occupation: Director	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code M Howard Jacobson 46 Powder Hill Way Westboro MA 01581	Allmerica Property & Casualty Cos., Inc. Occupation: Director	05/20/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code John J. Joyce, Jr. 5 Indian Path No. Grafton MA 01536	First Allmerica Financial Life Ins. Co. Occupation: Second Vice President	06/13/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Robert J. Murray 81 Atlantic Avenue Cohasset MA 02025	Allmerica Financial Corporation Occupation: Director	05/20/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code John W. Nunley 6 Old Mearinghouse Road Westboro MA 01581	First Allmerica Financial Life Ins. Co. Occupation: Vice President	06/16/97	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
SUBTOTAL of Receipts This Page (optional)			1,950.00
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 2 OF 2
FOR LINE NUMBER 11 a.i.

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Parker 36 Mayflower Road Winchester MA 01890	First Allmerica Financial Life Ins. Co.	06/19/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert M. Varnum 223 West Street Paxton MA 01612	Allmerica Financial Corporation	03/02/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan H. Watson 4 Olde Connecticut Path Westboro MA 01581	First Allmerica Financial Life Ins. Co.	06/03/97	335.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 335.00	
D. 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 > \$	
E. 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 > \$	
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)

1,085.00

TOTAL This Period (last page this line number only)

3,035.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James P. McGovern P.O. Box 405 Worcester MA 01606	Contribution	03/31/97	250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	06/18/97	100.00
	<input type="checkbox"/> Other (specify)	06/23/97	100.00
Michael R. McNulty 6 Swan Street Green Island NY 12183	Contribution	05/22/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
John Joseph Moakley P.O. Box 1073 Boston MA 02205-9832	Contribution	03/31/97	150.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Jerry Weller P.O. Box 687 Morris IL 60450	Contribution	06/06/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,600.00

