

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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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