

ALLMERICA FEDERAL POLITICAL ACTION COMMITTEE

440 Lincoln Street

Worcester, Massachusetts 01653

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 9 29 AM '98

John P. 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

December 2, 1998

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

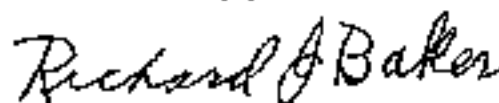
Gentlemen:

Enclosed please find FEC Form 3X, completed on behalf of the above-captioned PAC, for the period from October 1, 1998 through November 23, 1998.

A check in the amount of \$500 payable to the Faircloth for Senate Committee for Duncan McLaughlin Faircloth was reported as a contribution in our Quarterly Report dated July 14, 1998. This check was sent to our counsel in Washington DC, was never delivered to the Faircloth for Senate Committee and was subsequently returned to the Allmerica Federal PAC and redeposited in our account. This amount is reflected on the enclosed Detailed Summary Page, line 16. Subsequently, on October 22, 1998 we issued a check for \$250 payable to Faircloth for Senate and mailed it directly to the Committee. This contribution has been listed in the enclosed Report on Schedule B.

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,



Richard J. Baker
Treasurer

RJB:edm
Enclosures

Certified Mail
Return Receipt Requested

pac/fedecr.fec

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 9 29 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

COO189518 101998 n 268

RICHARD J BAKER

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 _____
- 80-Day Post-Election Report following the General Election
on 11/3/98 in the State of Massachusetts

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 7,747.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 9,919.85	
(c) Total Receipts (from Line 19)	\$ 2,259.91	\$ 15,186.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$12,179.76	\$ 22,934.71
7. Total Disbursements (from Line 30)	\$ 1,750.00	\$ 12,504.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$10,429.76	\$ 10,429.76
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
Richard J. Baker

Signature of Treasurer
Richard J Baker

Date
12/02/98

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 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
First Allmerica Financial Life Insurance Company Federal Political Action Committee		FROM 10/01/98	TO 11/23/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	1,000.00	11,160.00
ii.	Unitemized	745.00	3,441.50
iii.	Total (add i and ii) >	1,745.00	14,601.50
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	1,745.00	14,601.50
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	* 500.00	500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	14.91	85.49
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,259.91	15,186.99
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,259.91	15,186.99
* See explanation in cover letter attached.			
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share	0	4.95
b.	Other Federal Operating Expenditures	0	4.95
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	4.95
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,750.00	12,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/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) >	1,750.00	12,504.95
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,750.00	12,504.95
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	1,745.00	14,601.50
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	1,745.00	14,601.50
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	4.95
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 35 from line 36) >	0	4.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a. 1.

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 John Tierney 4 Wolfpen Lane Southboro MA 01772 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Hanover Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/07/98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Maury T. Woodhull 13 Elna Drive Tolland CT 06084 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First Allmerica Financial Life Ins. Co. Occupation Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/06/98	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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 Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Matthew J. Amorello P.O. Box 731 Worcester MA 01615	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Duncan M. Faircloth 507 Capitol Court NE #100 Washington DC 20002	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	250.00
C. Full Name, Mailing Address and ZIP Code James P. McGovern 34 Mechanic Street Worcester MA 01608	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduction	11/18/98	500.00
D. Full Name, Mailing Address and ZIP Code	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	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	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	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	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	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)

1,750.00

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 12/2/98
<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	
KRS PREPARER	12/5/98 DATE PREPARED