

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning October 17, 2002 and ending November 25, 2002

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization AMFPAC (Alliance for Maine's Future Political Action Committee) **Employer identification number** 01-0546419

2 Mailing address (P.O. Box or number, street, and room or suite number)
PO Box 615
City or town, state, and ZIP code
Augusta, ME 04332-0615

3 E-mail address of organization AllianceForME@aol.com **4** Date organization was formed
March 29, 2002

5a Name of custodian of records
Larry Pullen **5b** Custodian's address
150 Capitol Street
Augusta, ME 04330

6a Name of contact person
Cheryl Timberlake **6b** Contact person's address
PO Box 615
Augusta, ME 04332-0615

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
Same as Above
City or town, state, and ZIP code

8 Type of report (check only one box)

- a First quarterly report (due by April 15)
- b Second quarterly report (due by July 15)
- c Third quarterly report (due by October 15)
- d Year-end report (due by January 31)
- e Mid-year report (Non-election year only-due by July 31)

- f Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election: _____
 - (2) Date of election: _____
 - (3) For the state of: _____
- h Post-general election report (due by the 30th day after general election)
 - (1) Date of election: November 5, 2002
 - (2) For the state of: Maine

9 Total amount of reported contributions (total from all attached Schedules A)	9	\$0.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	\$5,625.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of authorized official [Signature]

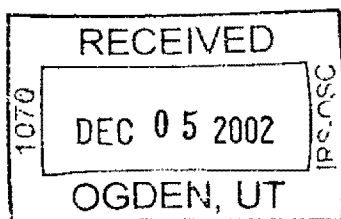
December 4, 2002

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)



DEC 10 2002
 SCANNED

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization AMFPAC		Employer identification number 01 : 0546419
Recipient's name, mailing address and ZIP code Newman for State Senate 80 Central Street Hallowell, ME 04347	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code Committee to Elect Jeff Kaelin 141 Main Street Winterport, ME 04496	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code New Majority PAC 50 Rough Rider Road Durham, ME 04222	Name of recipient's employer	Amount of each expenditure reported for this period \$ 500.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code Capitol Insights 150 Capitol Street Augusta, ME 04330	Name of recipient's employer	Amount of each expenditure reported for this period \$ 4,625.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶		\$ 5,625.00