

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning October 1, 2000 and ending November 27, 2000

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

1 Name of organization: Maine AFL-CIO COPE PAC Employer identification number: 01 0536593

2 Mailing address (P.O. Box or number, street, and room or suite number):
P.O. Box 2669
City or town, state, and ZIP code:
Bangor, Maine 04402-2669

3 E-mail address of organization _____ 4 Date organization was formed _____

5a Name of custodian of records: Edmund J. McCann
5b Custodian's address:
157 Park Street
Bangor, Maine 04401

6a Name of contact person: Edmund J. McCann
6b Contact person's address:
157 Park Street
Bangor, Maine 04401

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

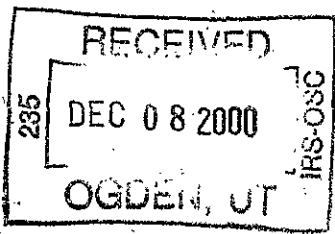
8 Type of report (check only one box)

- 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: 11-07-00
(2) For the state of: Maine

9 Total amount of reported contributions (total from all attached Schedules A) 9 10,500.00
10 Total amount of reported expenditures (total from all attached Schedules B) 10 13,000.00

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: Edmund J. McCann 12-06-00
Signature of authorized official Date



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Itemized Contributions

Name of organization

Maine AFL-CIO COPE PAC

Employer identification number

01-0536593

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Machinists Non-Partisan Political League 9000 Machinist Place Upper Marlboro, MD 20772	Contributor's occupation	\$ 5,000.00
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code Maine Labor Council PACE 124 State Street Augusta, Maine 04330	Name of contributor's employer	\$ 2,500.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code IBEW Education Committee 1125 15th Street Washington, D.C. 20005	Name of contributor's employer	\$ 3,000.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶ \$ 10,500.00

Itemized Expenditures		Schedule B page 1 of 1
Name of organization Maine AFL-CIO COPE PAC		Employer identification number 01 : 0536593
Recipient's name, mailing address and ZIP code House Democratic Campaign Committee PO Box 2021 Augusta, Maine 04338	Name of recipient's employer	Amount of each expenditure reported for this period 5,000.00 \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code Senate 21 Leadership For A New Century 127 Western Avenue Augusta, Maine 04330	Name of recipient's employer	Amount of each expenditure reported for this period 5,000.00 \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code YES on 6 for Equal Rights PO Box 1852 Saco, Maine 04072-1072	Name of recipient's employer	Amount of each expenditure reported for this period 1,500.00 \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code Maine Council of Senior Citizens PO Box 1072 Augusta, Maine 04332	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 Maine Democratic Party PO Box 5258 Augusta, Maine 04332	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 House Democratic Campaign Committee PO Box 2021 Augusta, Maine 04338	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	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		\$ 13,000.00

