

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

ENVELOPE
POSTMARK DATE
JUN 14 2002

A For the period beginning January 1, 2002 and ending March 31, 2002

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: 07-2000

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

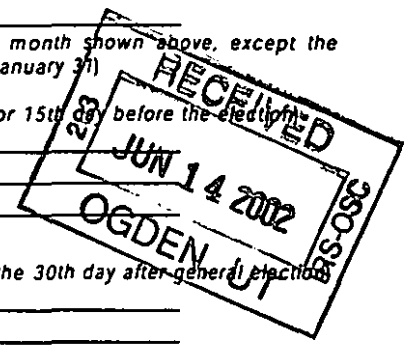
6a Name of contact person: Edmund J. McCann **6b** Contact person's address:
157 Park Street
Bangor, Maine 04401

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)

<p>a <input checked="" type="checkbox"/> First quarterly report (due by April 15)</p> <p>b <input type="checkbox"/> Second quarterly report (due by July 15)</p> <p>c <input type="checkbox"/> Third quarterly report (due by October 15)</p> <p>d <input type="checkbox"/> Year-end report (due by January 31)</p> <p>e <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</p>	<p>f <input type="checkbox"/> 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)</p> <p>g <input type="checkbox"/> 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: _____</p> <p>h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of: _____</p>
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9 Total amount of reported contributions (total from all attached Schedules A).	9	500.00
10 Total amount of reported expenditures (total from all attached Schedules B).	10	200.00

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 *Edmund J. McCann* Date: 06-12-02
 Signature of authorized official

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NE

Itemized Contributions		Schedule A page 1 of 1
Name of organization Maine AFL-CIO COPE PAC		Employer identification number 01 : 0536593
Contributor's name, mailing address and ZIP code Machinists General Fund 9000 Machinist Place Upper Marlboro MD 20772	Name of contributor's employer	Amount of contributions reported for this period \$ 500.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	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 ▶		\$ 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 Maine Democratic Party P.O. Box 5258 Augusta, Maine 04332	Name of recipient's employer	Amount of each expenditure reported for this period \$ 200.00
	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	
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		\$ 200.00

