# Edgar Filing: GALLANT DEBORAH L - Form 4

GALLANT DEBORAH L

Form 4

October 03, 2002

FORM 4

### **STATEMENT OF**

#### **CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

(Last)	Gallant
(First)	Deborah
(Middle)	L.
(Street)	25 Westminster Terrace
(City)	Cape Elizabeth
(State)	ME
(Zip)	04107-1151

2. Issuer Name and Ticker or Trading Symbol

(Issuer Name)	Maine Public Service Company
(Ticker or Trading Symbol)	MAP

3. I.R.S. or Social Security Number of Reporting Person (Voluntary)

(ID Number)	006-54-5444
(I.D. Number)	000-34-3444

4. Statement for Month/Day/Year

(Month/Day)	October
(Year)	2002

5. If Amendment, Date of Original (Month/Day/Year)

(Month/Day)
(Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

X

X	(Director)
	(Officer, give title below)
	(10% Owner)
	(Other, specify below)

7. I nd i vidual or Joint/Group Filing (Check Applicable Line)

X

X	Form filed by One Reporting Person
	Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security		Deemed Execution	Code	Transaction Acquired Disposed		d (A) or d of ( D)		Owned Following	Form:	7. Nature of Indirect Beneficial
(Instr. 3)		Date, if any (Month/ Day/Year)	Code	V	Amount	(A) or (D)		Transaction(s)	(I)	Ownership (Instr. 4)
Common	10/2/02	10/2/02	P		21	A	27.00	712	D	

# Table II-Derivative Securities Acquired, Disposedof, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security	Price of	3. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr.8)	Number	
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				of (I (Inst 4, an	r. 3,			
		Code	V	(A)	(D)	Date Exercisable	Expiration Date	

# $\label{lem:continued-Derivative Securities Acquired} Table IIC ontinued-Derivative Securities Acquired, Dispose do for Beneficial ly Owned$

(e.g., p u t s, calls, warrants, options, convertible securities)

7. Titl	e and				
Amou	nt of				
Under	lying	8. Price of	9. Number of Derivative	10. Ownership Form of	11. Nature of
Securi	ities (Instr. 3	Derivative	Securities Beneficially Owned	Derivative Securities	Indirect Beneficia
and 4)		Security (Instr.	Following Reported	Beneficially Owned at End	Ownership (Instr.
	Amount or	5)	Transaction(s) (Instr. 4)	of Month (Instr. 4)	4)
Title	Number of				
	Shares				

Explanation of Responses:

/ s / Larry E. LaPlante 10/3/02

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

<sup>\*\*</sup>Signature of Reporting Person Date

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a.).

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

#### LIMITED POWER OF ATTORNEY

#### KNOWALLPERSONSBYTHESEPRESENTS.

THAT the undersigned has made, constituted and appointed, and does make, constitute and appoint any of

L.E. LaPlante , K.A. Tornquist , or M.A. Thibodeau his/her true and lawful attorney-in-fact and agent, with full power of substitution and resubstitution for him/her and in his/her name, place and stead, in any and all capacities to complete, execute and deliver for filing with the U.S. Securities and Exchange Commission (the "SEC") and any other governmental agency or stock exchange deemed appropriate by said attorney, any Form 4 (or any successor form thereto) of the SEC, with all exhibits thereto, and other documents in connection therewith, for changes in beneficial ownership of stock of Maine Public Service Company, a Maine corporation ("MPS") resulting from (a) MPS' Stock Plan for Outside Directors, or (b) any other change in his/her beneficial ownership of MPS stock for which the undersigned has given any written or oral notice to MPS, hereby ratifying and confirming whatsoever said attorney, or his/her substitute or substitutes shall do by authority hereof.

This power of attorney shall survive the death or disability of the undersigned.

/s/ Deborah L. Gallant

Deborah L. Gallant Dated: 9/6/02