

8872

Form (July 2000)

Department of the Treasury Internal Revenue Service

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1896

See separate instructions.

A For the period beginning July 1, 2001 and ending Sept. 30, 2001

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

1 Name of organization MSEA - PAGE Employer identification number 01-0536651

2 Mailing address (P.O. Box or number, street, and room or suite number) PO Box 1072 65 STATE STREET

City or town, state, and ZIP code AUGUSTA MAINE 04332-1072

3 E-mail address of organization mseaseliu@mseaseliu.org 4 Date organization was formed 7/1/92

5a Name of custodian of records Joan C. Towle MAINE STATE EMPLOYEES Assoc. 5b Custodian's address PO Box 1072 65 STATE ST Augusta, ME 04332-1072

6a Name of contact person CARL KEINONEN MAINE STATE EMPLOYEES ASSOCIATION 6b Contact person's address PO Box 1072 65 STATE ST Augusta, ME 04332-1072

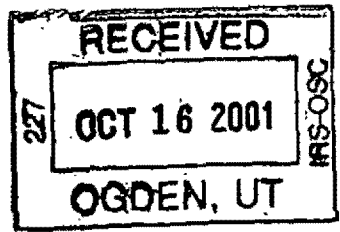
7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number SAME City or town, state, and ZIP code

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 [X] 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: (2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A) 0 10 Total amount of reported expenditures (total from all attached Schedules B) 1,000

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] Date 10/09/01

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 30406G Form 8872 (7-2000)



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OCT 19 2001

SCANNED

Schedule A Itemized Contributions Schedule A page of
 Name of organization MSEA - PAGE Employer identification number 01:0536651

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 . . . ▶ \$	
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 ▶		\$ <u> 0 </u>

Schedule B Itemized Expenditures		Schedule B page / of /
Name of organization MSEA-PAGE		Employer identification number 01 0536651
Recipient's name, mailing address and ZIP code Baldacci For Governor PO Box 958 Bangor, MAINE 04402	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 500.00
Recipient's name, mailing address and ZIP code MAINE CITIZENS For Higher Educ. PO Box 2254 Bangor, MAINE 04402-2254	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 1,000.00

