

Political Organization Report of Contributions and Expenditures

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning 07/01, 2001 and ending 12/31, 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 1042 65 STATE ST.

City or town, state, and ZIP code
AUGUSTA MAINE 04332-1042

3 E-mail address of organization msee@eia.msea-seiu.org 4 Date organization was formed 7/1/92

5a Name of custodian of records
Jean E. Towne
MAINE STATE Employees Assn
LOCAL 1989, SEIU

5b Custodian's address
65 STATE ST PO Box 1042
AUGUSTA ME 04332-1042

6a Name of contact person
CARL LEINONEN
EXEC DIRECTOR

6b Contact person's address
65 STATE ST. PO Box 1042
AUGUSTA, ME 04332-1042

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

- B 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: _____
 - (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	<u>-0-</u>
10 Total amount of reported expenditures (total from all attached Schedules B).	10	<u>1,000.</u>

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 ▶ Jean Ann Clark ▶ 01/14/02
Signature of authorized official Date

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IRS - OSC / 558
JAN 23 2002

Schedule A Itemized Contributions	Schedule A page 1 of 1
Name of organization <i>MSEA-PAGE</i>	Employer identification number <i>01-6536651</i>

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 ▶		\$ <i>— 0 —</i>

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization MSEA - PAGE		Employer identification number 01-0536651
Recipient's name, mailing address and ZIP code MAINE CITIZEN'S FOR HIGHER EDUCATION PO BOX 2254 BANGOR, ME 04402-2254	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 500.
Recipient's name, mailing address and ZIP code BALDACC I FOR GOVERNOR PO BOX 958 BANGOR, ME 04402	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 500.
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.

