

Political Organization  
 Report of Contributions and Expenditures

OMB No 1545-1056

▶ See separate instructions.

A For the period beginning JANUARY 1, 2003 and ending MARCH 31, 2003

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 mseaseiu.org 4 Date organization was formed 7/1/92

5a Name of custodian of records  
JOAN C. Towle

5b Custodian's address  
PO BOX 1042, 65 STATE ST  
AUGUSTA, MAINE 04332-1042

6a Name of contact person  
CHKL LEINONEN

6b Contact person's address  
PO BOX 1042, 65 STATE ST  
AUGUSTA, MAINE 04332-1042

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. Special  
 (2) Date of election NOVEMBER 4, 2003 (11/4/03)  
 (3) For the state of. MAINE

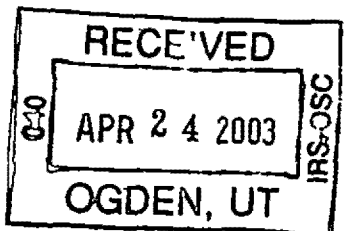
h  Post-general election report (due by the 30th day after general election)  
 (1) Date of election. \_\_\_\_\_  
 (2) For the state of. \_\_\_\_\_

9 Total amount of reported contributions (total from all attached Schedules A) . . . . . 9 - 0 -

10 Total amount of reported expenditures (total from all attached Schedules B) . . . . . 10 - 0 -

Sign Here  
 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.  
[Signature]  
 Signature of authorized official Date 4/15/03

SCANNED MAY 15 2003



**Schedule A Itemized Contributions**

Schedule A page 1 of 1

Name of organization

MSEA-PAGE

Employer identification number

01-6536651

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 ▶ \$	
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 ▶ \$ 0

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization <i>MSEA-PAGE</i>		Employer identification number <i>01-0536651</i>
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		\$ <i>0</i>

