

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning October 1, 2000 and ending October 18, 2000

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

3 E-mail address of organization mseasei4@mseaseiu.org **4** Date organization was formed 7/1/92

5a Name of custodian of records
Joan C. Towle
Maine State Employee Assoc.
Local 1989 SEIU **5b** Custodian's address
PO Box 1042, 65 STATE ST
Augusta, ME 04332-1042

6a Name of contact person
Carl Leinonen
Maine State Employees Assoc.
Local 1989 SEIU **6b** Contact person's address
P.O. Box 1042, 65 STATE ST
Augusta, ME 04332-1042

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
Same as Above
 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)

h Post-general election report (due by the 30th day after general election)

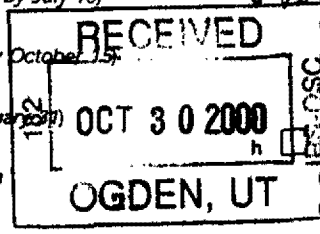
(1) Type of election: General (STATE)

(2) Date of election: 11/4/00

(3) For the state of: MAINE

(1) Date of election: _____

(2) For the state of: _____



9 Total amount of reported contributions (total from all attached Schedules A) **9** 20,000.00

10 Total amount of reported expenditures (total from all attached Schedules B) **10** 2,000.00

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.

Lucy Ann Clark
 Signature of authorized official

10/25/00
 Date

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization MSEA/PAGE		Employer identification number 01-0536651
Contributor's name, mailing address and ZIP code Maine State Employees Assoc. Local 1989, SEIU PO Box 1042, 65 State St Augusta, MAINE 04332-1042	Name of contributor's employer	Amount of contributions reported for this period \$ 20,000.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$ 55,000.00	
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 . . . ▶ \$ 20,000.00

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 Victory 2000 Spruce Street Augusta, Maine 04330	Name of recipient's employer	Amount of each expenditure reported for this period \$ 2,000.00
	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		\$ 2,000.00

