

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 01/01, 2001 and ending 03/31, 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 1072 65 STATE STREET  
City or town, state, and ZIP code AUGUSTA MAINE 04332-1072

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

5a Name of custodian of records JOHN C. TOWLE  
MAINE STATE EMPLOYEES ASSN.  
LOCAL 1989, SEIU 5b Custodian's address  
P.O. BOX 1072 65 STATE ST.  
AUGUSTA, MAINE 04332-1072

6a Name of contact person CARL LEINONEN, EXEC DIR.  
MAINE STATE EMPY ASSN.  
LOCAL 1989, SEIU 6b Contact person's address  
PO BOX 1072 65 STATE ST.  
AUGUSTA, MAINE 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  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: \_\_\_\_\_

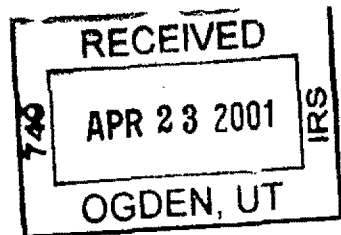
9 Total amount of reported contributions (total from all attached Schedules A) 9 -0-

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

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 Brenda A. Kaler Date 4/15/01  
Signature of authorized official

MAY 01 '01  
SCANNED



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<b>Schedule A</b> <b>Itemized Contributions</b>	Schedule A page <u>1</u> of <u>1</u>
Name of organization <i>MSEA - PAGE</i>	Employer identification number <i>01 0536651</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 . . . ▶ \$	
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>

<b>Schedule B</b> <b>Itemized Expenditures</b>	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	
\$		
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>

