

**Political Organization  
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning APRIL 1, 2001 and ending JUNE 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 1042 65 STATE STREET  
 City or town, state, and ZIP code  
AUGUSTA MAINE 04332-1042

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

5a Name of custodian of records JOAN C. TOWLE  
MAINE STATE EMPLOYEES ASSN,  
LOCAL 1989, SEIU 5b Custodian's address  
P.O. BOX 1042 65 STATE ST.  
AUGUSTA MAINE 04332-1042

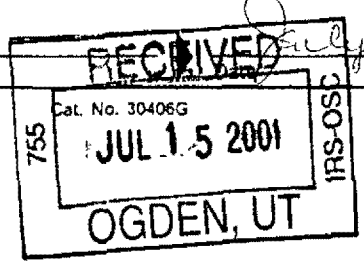
6a Name of contact person CARL LEINONEN  
EXEC. DIRECTOR 6b Contact person's address  
P.O. BOX 1042 65 STATE ST.  
AUGUSTA, ME 04332-1042

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

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.  
Brenda Kaler  
 Signature of authorized official



For Paperwork Reduction Act Notice, see separate instructions. Form **8872** (7-2000)

ac

SCANNED JUL 26 2001

Schedule A Itemized Contributions		Schedule A page 1 of 1
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 . . . ▶ \$	
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	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
	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.		\$ <u>— 0 —</u>

