

**Political Organization**  
**Report of Contributions and Expenditures**

▶ See separate instructions.

**A** For the period beginning 01/01, 2001 and ending 06/30, 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 ST.  
City or town, state, and ZIP code AUGUSTA MAINE 04332-1042

**3** E-mail address of organization MSEA.SEA@MSEA.SEA.ME **4** Date organization was formed 7/1/92

**5a** Name of custodian of records JOAN C. TOWLE  
MAINE STATE EMPLOYEES ASSN  
LOCAL 1489, SE14 **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

**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** [Signature] **Date** 1/14/02

Signature of authorized official

RECEIVED IN CORRES/  
EXTRACTING UNIT  
JAN 31 2002  
INHOUSE OLD DATE

RECEIVED IN CORRE.  
IRS - OSC / 558  
JAN 23 2002  
OGDEN, UTAH

<b>Schedule A</b> <b>Itemized Contributions</b>	Schedule A page <u>1</u> of <u>1</u>
Name of organization	Employer identification number <u>01 0536651</u>

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 . . . ▶ \$	
<b>Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶</b>		\$ <u>    -0-    </u>

**Schedule B Itemized Expenditures**

Schedule B page 1 of 1

Name of organization

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	
		\$
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.		\$ - 0 -

