

**Political Organization  
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 01/01, 2002 and ending 3/31, 2002

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)  
P.O. Box 1072, 65 State Street  
 City or town, state, and ZIP code  
Augusta, Maine 04332-1072

3 E-mail address of organization \_\_\_\_\_ 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  
65 State St., P.O. Box 1072  
Augusta, ME 04332-1072

6a Name of contact person  
Carl Leinonen  
Executive Director

6b Contact person's address  
65 State St., P.O. Box 1072  
Augusta, ME 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 \$15,000

10 Total amount of reported expenditures (total from all attached Schedules B). . . . . 10 11,000

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 Branda Keller Signature of authorized official Date April 5, 2002

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Schedule A Itemized Contributions		Schedule A page <u>  </u> of <u>  </u>
Name of organization MSEA-PAGE		Employer identification number 01 : 0536651
Contributor's name, mailing address and ZIP code MAINE STATE EMPLOYEES ASSN. SEIU, Local 1989 P.O. box 1072, 65 State St. Augusta, ME 04332-1072	Name of contributor's employer	Amount of contributions reported for this period  \$ 15,000
	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  \$ 15,000
	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 . . . ▶		\$

<b>Schedule B</b> Itemized Expenditures		Schedule B page of
Name of organization MSEA-PAGE		Employer identification number
Recipient's name, mailing address and ZIP code Maine Victory 2002 P.O. Box 5258 Augusta, ME 04330	Name of recipient's employer N/A Recipient's occupation	Amount of each expenditure reported for this period  \$ 10,000
Recipient's name, mailing address and ZIP code DCCC P.O. Box 17766 Portland, ME 04112	Name of recipient's employer  Recipient's occupation N/A	Amount of each expenditure reported for this period  \$ 1,000
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 11,000

