

Form **8872**  
(July 2000)

# Political Organization Report of Contributions and Expenditures

OMB No. 1545-1536

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

A For the period beginning November 26, 2002 and ending December 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, ME 04332-1072

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

5a Name of custodian of records Joan C. Towle 5b Custodian's address  
P.O. Box 1072, 65 State Street  
Augusta, ME 04332-1072

6a Name of contact person Carl Leinonen 6b Contact person's address  
P.O. Box 1072, 65 State Street  
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 -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 Kallu President 1/29/03  
Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions. Cal. No. 30406G Form 8872 (7-2000)

ENVELOPE  
POSTMARK DATE

SCANNED FEB 06 2003

RECEIVED  
1107  
JAN 31 2003  
OGDEN, UT  
IRS-OSC

ME  
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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	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>		<b>\$ -0-</b>

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	
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-

