

**Political Organization  
Report of Contributions and Expenditures**

OMB No 1545 1696

▶ See Separate instructions.

**A** For the period beginning APRIL 1 2003 and ending JUNE 30, 2003

**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 ST.

City or town, state, and ZIP code  
AUGUSTA MAINE 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. TOWIE **5b** Custodian's address  
PO Box 1072, 65 STATE ST  
AUGUSTA, ME 04332-1072

**6a** Name of contact person CARLEINONEN **6b** Contact person's address  
PO 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 AS ABOVE  
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 \_\_\_\_\_

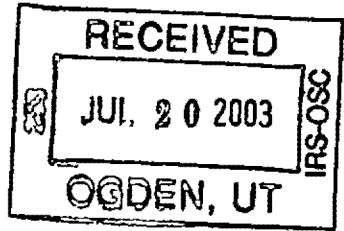
h  Post-general election report (due by the 30th day after general election)  
(1) Date of election \_\_\_\_\_  
(2) For the state of \_\_\_\_\_

**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 Galer, President 7/15/03  
Signature of authorized official Date



JUL 28 2003  
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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization <b>MSEA - PAGE</b>		Employer identification number <b>01.0536651</b>
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
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>- 0 -</b>

<b>Schedule B</b> <b>Itemized Expenditures</b>	Schedule B page <i>1 of 1</i>
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 expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

<b>Subtotal</b> 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>
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