

**Political Organization
 Report of Contributions and Expenditures**

▶ See separate instructions

A For the period beginning 7/01, 2003 and ending 9/30, 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 1042, 65 STATE ST.

City or town, state, and ZIP code
AUGUSTA MAINE 04332-1042

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

5a Name of custodian of records
JOAN C TOWIE

5b Custodian's address
P.O. Box 1042, 65 STATE ST
 Augusta, ME 04332-1042

6a Name of contact person
CARL LEINONEN

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 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

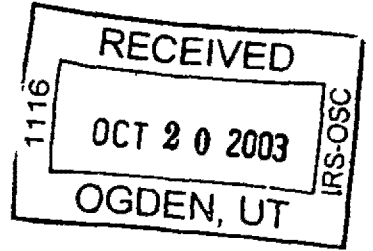
10 Total amount of reported expenditures (total from all attached Schedules B) 10 0

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.

[Signature] Date 10/8/03

Signature of authorized official

SCANNED OCT 7 4 2003



15

Schedule A Itemized Contributions	Schedule A page <u>1</u> of <u>1</u>
Name of organization <u>MSEA-PAGE</u>	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 . . . ▶ \$	
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872		\$ 0

Schedule B Itemized Expenditures	Schedule B page <u>1</u> of <u>1</u>
Name of organization <u>MSEA - PAGE</u>	Employer identification number <u>01 0536651</u>

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		\$ <u>0</u>

