

**Political Organization  
 Report of Contributions and Expenditures**

▶ See Separate Instructions.

**A** For the period beginning January 1, ,20 06 and ending March 31 , 20 06

**B** Check applicable boxes  Initial report  Change of address  Amended report  Final report

**1** Name of organization MSEA-PASER **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

**3** E-mail address of organization Elizabeth.Cousins@mseaseiu.org **4** Date organization was formed 07/01/1992

**5a** Name of custodian of records Elizabeth M. Cousins **5b** Custodian's address  
P O Box 1072, 65 STATE STREET  
AUGUSTA, ME 04332-1072

**6a** Name of contact person Elizabeth M. Cousins **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  
65 STATE STREET

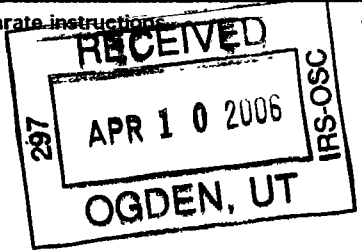
City or town, state, and ZIP code  
AUGUSTA, ME 04332

- 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: \_\_\_\_\_

<b>9</b> Total amount of reported contributions (total from all attached Schedules A).	9	\$0
<b>10</b> 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** Dana K Abraham 4-05-06  
 Signature of authorized official Date



SCANNED APR 26 2006

<b>Schedule A Itemized Contributions</b>		Schedule A page <span style="border-bottom: 1px solid black; width: 50px;"></span> of
Name of organization <b>MSEA - PASER</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
<b>Subtotal</b> 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 _____ of _____
Name of organization <b>MSEA - PASER</b>	Employer identification number <b>01:0536651</b>

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		<b>\$</b>
	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
		<b>\$</b>
	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
		<b>\$</b>
	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
		<b>\$</b>
	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
		<b>\$</b>
	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
		<b>\$</b>
	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 . . . . .	<b>\$</b> <span style="float: right;"><b>0</b></span>
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