

**Political Organization
Report of Contributions and Expenditures**

▶ See separate instructions.

A For the period beginning October 19, 2000 and ending November 27, 2000

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 Street
City or town, state, and ZIP code: Augusta, Maine 04332-1072

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

5a Name of custodian of records: Joan C. Towle
Maine State Employees Assoc.
SEIU Local 1989 **5b** Custodian's address: P.O. Box 1072, 65 State Street
Augusta, Maine 04332-1072

6a Name of contact person: Carl Leinonen, Exec. Dir.
Maine State Employees Assoc.
SEIU Local 1989 **6b** Contact person's address: PO Box 1072, 65 State Street
Augusta, Maine 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)

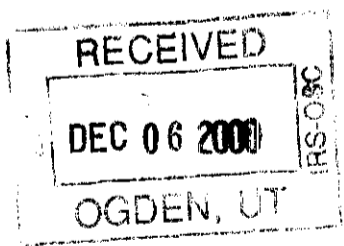
g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/7/00
(2) For the state of: Maine

9 Total amount of reported contributions (total from all attached Schedules A)	9	\$30,000
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 ▶ Lesley Ann Clark Treasurer ▶ 11/30/00
Signature of authorized official Date



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 Maine State Employees Assoc. SEIU Local 1989 PO Box 1072, 65 State Street Augusta, Maine 04332-1072	Name of contributor's employer	Amount of contributions reported for this period \$ 30,000
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$ 85,000	
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 ▶		\$ 30,000

Schedule B Itemized Expenditures

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-

