

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1896

▶ See separate instructions.

A For the period beginning 11/28, 2000 and ending 12/31, 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)
P.O. Box 1072
 City or town, state, and ZIP code
Augusta, ME 04332-1072, 65 State Street

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

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

6a Name of contact person Carl Leinonen, Executive Dir.
Maine State Employees Assn.
Local 1989, SEIU 6b Contact person's address
P.O. 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
 City or town, state, and ZIP code

B 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)

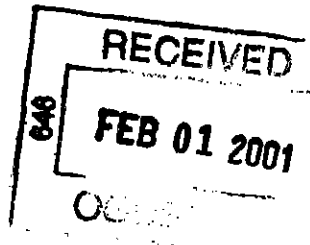
g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

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 ▶ Lisley Ann Clark Treasurer ▶ 1-26-01
 Signature of authorized official Date



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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 Maine State Employees Assoc. Local 1989, SEIU 65 State Street, PO Box 1072 Augusta, ME 04332-1072	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$ 85,000.00	Amount of contributions reported for this period \$ -0-
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
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 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-

