

**Political Organization**  
**Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning October 1, 20 02 and ending October 16, 20 02

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, ME 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. Towle 5b Custodian's address  
PO Box 1072, 65 State St  
Augusta, ME 04332-1072

6a Name of contact person Carl Leinonen 6b Contact person's address  
PO Box 1072, 65 State St  
Augusta, ME 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

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: general  
(2) Date of election: 11/5/02  
(3) For the state of: Maine

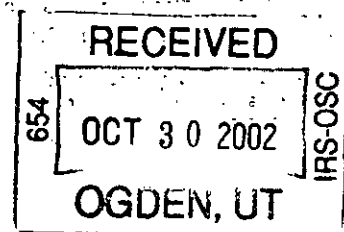
h  Post-general election report (due by the 30th day after general election)  
(1) Date of election: \_\_\_\_\_  
(2) For the state of: \_\_\_\_\_

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	19,321

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 Brenda R. Kaler Signature of authorized official Brenda R. Kaler Date 10-24-02 October 24, 2002

SCANNED NOV 04 '02



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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization MSEA-PAGE		Employer identification number 01-6536657
Contributor's name, mailing address and ZIP code  Maine State Employees Assoc PO Box 1072, 65 State St Augusta, ME 04332-1072	Name of contributor's employer N/A	Amount of contributions reported for this period  \$ -0-
	Contributor's occupation Labor Union	
	Aggregate contributions year-to-date . . . ▶ \$ 116,384	
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 . . . ▶ \$	
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 . . . ▶ \$	
<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 . . . . . ▶		\$ -0-

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization MSEA-PAGE		Employer identification number 01 0536651
Recipient's name, mailing address and ZIP code Mainers for Health Care 65 State St Augusta, ME 04330	Name of recipient's employer N/A	Amount of each expenditure reported for this period  \$ 19,321
	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	
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 . . . . . ▶		\$ 19,321

