

**Political Organization  
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

**A** For the period beginning October 1, 2003 and ending December 31, 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 mseaseiu.org **4** Date organization was formed 7/1/92

**5a** Name of custodian of records  
JOAN E. Towle

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

**6a** Name of contact person  
CARL LEINOVEN

**6b** Contact person's address  
PO 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**

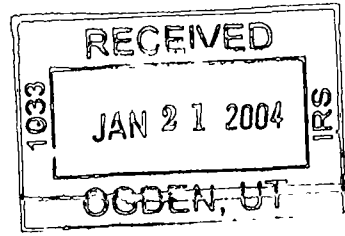
**10** Total amount of reported expenditures (total from all attached Schedules B) . . . . . **10**

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**

Lucy Ann Clark  
 Signature of authorized official

1/15/04  
 Date



SCANNED JAN 28 2004

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization <b>MSEA - PAGE</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
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
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		\$ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span>

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

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	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 \$
	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 \$
	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 \$
	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 \$
	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 \$
	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>0</b>
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