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FEC
FORM 1

STATEMENT OF
ORGANIZATION

OMB Use Only

1. NAME OF
COMMITTEE (or title)

(Check if name
is changed)

Example: If typing type
over the lines.

1278415

SWING THE VOTE

ADDRESS (number and street)

P.O. BOX 716

(Check if address
is changed)

RINDGE

IN

03461-0716

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

SWINGTHEVOTE@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SWINGTHEVOTE.US

COMMITTEE'S FAX NUMBER

2. DATE

JUN 01 2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LEAH ANNE BROWN

Signature of Treasurer

Leah Anne Brown

Date

JUN 01 2004

NOTE: Submission of false, deceptive, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. 3437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Top Floor 400-4th Street
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FORM 1001-PF

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: Office Sought: House Senate President

State: _____ Office: _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: GEORGE W. BUSH

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

- Type of Connected Organization:
- Corporation
 - Membership Organization
 - Corporation with Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative

Write or Type Committee Name

SWING THE VOTE

7. Contributor of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name LEAH ANNE BROWNMailing Address 116 CEDAR STREETROYBURY MA 02119Title or Position TREASURER CITY ROYBURY STATE MA ZIP CODE 02119Telephone number 617-921-1322

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer LEAH ANNE BROWNMailing Address 116 CEDAR STREETROYBURY MA 02119Title or Position TREASURER CITY ROYBURY STATE MA ZIP CODE 02119Telephone number 617-921-1322Full Name of Designated Agent RUTHANOUS B. PERKINSMailing Address 193 PINEDALE ROADWATROU MA 02131Title or Position ASSISTANT TREASURER CITY WATROU STATE MA ZIP CODE 02131Telephone number 978-1248-0923

9. Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIZENS BANK OF MASSACHUSETTS

Mailing Address

1696 CENTRE STREET

JAMAICA PLAIN MA 02130

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMD</i> PREPARER	6-7-04 DATE PREPARED