04/11/2006 13:24

Image# 26950026405

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Us	se Only	
1.	NAME OF COMMITTEE (in full)			IAILING LABEL OR PRINT 🙀		xample:If typir ver the lines	ng, type				
Ш	Swing the Vote		1 1								
Ш			1 1			1 1 1 1			1 1 1 1 1		
AD	DRESS (number and street)	P.0	O. Box	716							
	Check if different than previously reported. (ACC)	L Rir	ndge					NH L		3461	
2.	FEC IDENTIFICATION NU	JMBER	*	CI	TY 🛕			STATE	4	ZIPCODE	A
	C00401919				IS THIS REPOR	т	NEW (N) O	R X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(k	o) Moi Rep Due	oort Fe	b 20 (M2 ar 20 (M3		May 20 (M Jun 20 (M	H	Aug 20 (M8) Sep 20 (M9)	De	ov 20 (M11) lon-Election ear Only) ec 20 (M12)
	(a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15			H	,	H	,		,	Ye	on-Election ear Only)
		(Q1)	(-)		or 20 (M4		Jul 20 (M7		Oct 20 (M10)		in 31 (YE)
		(Q2)	2)	(c) 12-Day PRE-Election Report for the:		H	Primary (12P) Convention (12C)		H	neral (12G) ecial (12G)	
	Quarterly Report X January 31 Quarterly Report	` ′		Elect	ion on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d)	30-Day Post -Election Report for the: General (30G)		Runoff (30R) Special (308			pecial (30S)		
	Termination Rep (TER)	ort		'	ion on					in the State of	
5.	Covering Period	7	0 1	2005		through	1:	2 31	2005		
	ertify that I have examined thi			the best of my ki	nowledge	e and belief it	is true, corr	ect and com	plete.		
Sig	nature of Treasurer Ele <u>ct</u>	ronically	Filed b	oy Leah Anne A	ınne Bro	wn		Date	04	20	006
NO	TE : Submission of false, er	roneous,	or inc	omplete information	on may s	ubject the pe	rson signing	this Report	to the penalties	of 2 U.S.C	437g.
	Office Use									FORM (3X

Image# 26950026406

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name Swing the Vote D D " D 0.7 12 0 1 2005 3 1 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 4741.22 2005 January 1 (b) Cash on Hand at 3257.13 Begining of Reporting Period 1757.63 1847.62 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 5014.76 6588.84 6(a) and 6(c) for Column B) 3981.23 5555.31 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1033.53 1033.53 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name Swing the Vote

Report Covering the Period:

м м 0 7

From:

^D 0 1

2005

то.

м м 1 2 ^D 3 1

^Y 2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1488.27	1488.27
	(ii) Unitemized	269.36	359.35
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1757.63	1847.62
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1757.63	1847.62
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1757.63	1847.62
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	1757.63	1847.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(-	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(o) Other Federal Operating	0.00	1404.00
,	Expenditures	0.00	1424.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	1424.08
2. T	ransfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	Contributions to ederal Candidates/Committeesnd Other Political Committees	0.00	0.00
	ndependent Expenditure	2004.00	1001.00
(use Schedule E)	3981.23	4081.23
C	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
,	,		
. L	oan Repayments Made	0.00	0.00
. L	oans Made	0.00	0.00
. F	Refunds of Contributions To:		
(;	a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
`	o) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
,	(add Lines 28(a), (b), and (c))	0.00	0.00
. (Other Disbursements	0.00	50.00
) F	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. 1	Fotal Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3981.23	5555.31
·.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
(3981.23	5555.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1757.63	1847.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1757.63	1847.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1424.08
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1424.08

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Use separate s	chedule(s)	FOR LINE NUMBER: PAGE 6 / 43 (check only one)			
ITEMIZED REC	EIPTS	or each catego Detailed Summ	ry of the	X 11a 11b 13 14	11c 12 15 16 17		
Any information copied f or for commercial purpos	rom such Reports and Statemer ses, other than using the name a	ts may not be sold or use nd address of any politic	ed by any person t al committee to so	for the purpose of soliciti olicit contributions from s	ng contributions such committee.		
NAME OF COMMIT Swing the Vote	TEE (In Full)						
Full Name (Last, Firs T. Stephen Jones Mailing Address 38	t, Middle Initial) 88 Middle St			Date of Receipt			
City Amherst	St M	ate Zip Code		1 0 0 7 Transaction ID: SA Amount of Each Rec			
FEC ID number of co			-		500.00		
Name of Employer self Receipt For: Primary	con	upation sultant regate Year-to-Date					
Other (specify) Full Name (Last, Firs	▼		500.00				
Rutilious B. Perkins	B Pinedale Rd			Date of Receipt 1 0 0 1	2005		
City Athol	St M	ate Zip Code A 01331		Transaction ID: SA11A1.4798 Amount of Each Receipt this Period			
FEC ID number of co	ontributing	1 01331			108.10		
Name of Employer HAP, Inc.	Atto	upation rney		in-kind: flyer holder pens etc	·S,		
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼	279.16				
Full Name (Last, Firs Rutilious B. Perkins	t, Middle Initial)			Date of Receipt			
Mailing Address 93	3 Pinedale Rd			M M / D D D 0 1	2005		
City Athol	St M	ate Zip Code A 01331		Transaction ID: SA11A1.4802 Amount of Each Receipt this Period			
FEC ID number of co	ontributing				34.78		
Name of Employer HAP, Inc.	Atto	upation rney regate Year-to-Date ▼		in-kind: flyer holder lit table	's for		
Primary Other (specify)	General	regate real-to-bate V	313.94				
SUBTOTAL of Receipt	s This Page (optional)		······		642.88		
TOTAL This Period (la	st page this line number only)		>				

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 43	
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information conicd from such Departs and Ca			13 14 15 16 17
or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Swing the Vote			
A.	Full Name (Last, First, Middle Initial) Rutilious B. Perkins			Date of Receipt
	Mailing Address 93 Pinedale Rd			10 01 2005
	City	State	Zip Code	Transaction ID: SA11A1.4803
	Athol	MA	01331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		13.38
	Name of Employer HAP, Inc.	Occupation	1	in-kind: duct tape for lit tables
	Receipt For:	Attorney	Year-to-Date ▼	
	Primary General	7.99.094.0	Total to Bato V	7
	Other (specify) ▼	0 0	327.32	
В.	Full Name (Last, First, Middle Initial) Rutilious B. Perkins			Date of Receipt
	Mailing Address 93 Pinedale Rd			10 07 YYYY 10005
	City	State	Zip Code	Transaction ID: SA11A1.4804
	Athol MA		01331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		68.48
	Name of Employer HAP, Inc.	Occupation Attorney	1	in-kind: clipboards, flye- r&sign holders
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	395.80	
<u> </u>	Full Name (Last, First, Middle Initial) Rutilious B. Perkins			Date of Receipt
	Mailing Address 93 Pinedale Rd			1 0 1 4 2 0 0 5
	City	State	Zip Code	Transaction ID: SA11A1.4805
	Athol	MA	01331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.06
	Name of Employer HAP, Inc.	Occupation Attorney	ו	in-kind: clipboards, flyer holdes
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			119.92
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8 / 43		
	,		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Gairmary Fago	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	Swing the Vote					
\angle						
	Full Name (Last, First, Middle Initial)			B. (B.)		
A.				Date of Receipt		
	Mailing Address 93 Pinedale Rd			10 14 2005		
	City	State	Zip Code	Transaction ID: SA11A1.4806		
	Athol	MA	01331	Amount of Each Receipt this Period		
		IVIZ	01001	Amount of Each Neceipt this Period		
	FEC ID number of contributing federal political committee.	C		15.17		
	rederal political committee.			in him has a sline that		
	Name of Employer HAP, Inc.	Occupation	1	in-kind: pens, clips, fly- er holders		
	HAP, Inc.	Attorney				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		449.03			
	Other (specify) ▼		449.03			
_						
ь	Full Name (Last, First, Middle Initial)			Data of December		
В.	Rutilious B. Perkins			Date of Receipt		
	Mailing Address 93 Pinedale Rd			10 15 2005		
	City	State	Zip Code	Transaction ID: SA11A1.4695		
	Athol	MA	01331	Amount of Each Receipt this Period		
		IVIZ	01001	Amount of Each Neceipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	·			donation		
	Name of Employer HAP, Inc.	Occupation	ı	donation		
	TIAF, IIIC.	Attorney				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		949.03			
	Other (specify) ▼		040.00			
	Full Name /Lock First Middle 1 19 N					
C.	Full Name (Last, First, Middle Initial) Rutilious B. Perkins			Date of Receipt		
٠.	Mailing Address 93 Pinedale Rd			M M / D D / Y Y Y Y		
	33 i medale rid			31 2005		
	City	State	Zip Code	Transaction ID: SA11A1.4731		
	Athol	MA	01331	Amount of Each Receipt this Period		
	FEC ID number of contributing			010.00		
	federal political committee.	C		210.30		
	Name of European	10		(IN-KIND) use of phone co.		
	Name of Employer HAP, Inc.	Occupation	1	àns. service		
	Receipt For:	Attorney	Year-to-Date ▼	\dashv		
	Primary General	Aggregate	real-lo-Date ▼			
	Other (specify)		1159.33			
	Carior (opcony)	-	0 0 0 0 0 0 0	_		
	<u>l</u>					
١	UBTOTAL of Receipts This Page (optional)			725.47		
\vdash	obligation in the state of the					
_T ,	OTAL This Period (last page this line number or	nlv)		1488.27		

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 9 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					C C00401919
Check if 24-hour notice 48-l	nour notice				C 300401313
Full Name (Last, First, Middle, Initial) of Pay	/ee			Date	
Aubuchon Paint & Hardware				M M /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
Roxbury St					13.38
City	State	Zip C	Code		n ID: SE24.4816
Keene	NH	034	31	Office Sough	
Purpose of Expenditure see Perkins in-kind exp 10/1/05		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or O	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought			0.00	[MEMO ITE	
Full Name (Last, First, Middle, Initial) of Pay	/ee			Date	
Leah Anne Anne Brown				0 7	1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
47 Delle Ave #3				Tuomanatio	71.85
City	State	Zip C	Code		n ID: SE24.4785
Roxbury	MA	0212	20	Office Sough	
Purpose of Expenditure		Category/	000		Senate District: Presidential
reimburse meeting su- ppl - paper, markers		Туре	006	Obselv Osse	
Name of Federal Candidate supported or O	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		4	64.34		<u>(opeolity) </u>
(a) SUBTOTAL of Itemized Independent Expe	enditures				71.85
(b) SUBTOTAL of Unitemized Independent E.	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independence or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized commit				
Leah Anne Anne Brown Signature			Date 0 4		Y Y Y Y Y Y 2006

ITEMIZED INDEPENDENT EXPE	ENDITURES		PAGE 10 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		1,	FEC IDENTIFICATION NUMBER
Swing the Vote		l r	C C00401919
Check if 24-hour notice 48-hour	notice		C 000401313
Full Name (Last, First, Middle, Initial) of Payee		Date	
Leah Anne Brown		M _{0.7} M /	^D 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
47 Delle Ave #3			48.28
City	State Zip Code		ID: SE24.4786
Roxbury	MA 02120	Office Sought:	
Purpose of Expenditure reimburse - forms to print bus. cards	Category/ Type]	Senate District: Presidential
Name of Federal Candidate supported or Oppo	sed by expenditure:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
			•
Calendar Year-To-Date Per Election	512.62	Other	(specify):
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
Leah Anne Anne Brown		0,7	19 2005
Mailing Address		Amount	
47 Delle Ave #3			49.64
		Transaction	ID: SE24.4787
City Roxbury	State Zip Code MA 02120	Office Sought:	House State:
Purpose of Expenditure	IVIA 02120		Senate District:
reimburse printing suppl - paper	Category/ Type 007]	Presidential
Name of Federal Candidate supported or Oppo	sed by expenditure:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
			.,
Calendar Year-To-Date Per Election for Office Sought	562.26	Other	(specify):
(a) SUBTOTAL of Itemized Independent Expendit	tures		97.92
(b) SUBTOTAL of Unitemized Independent Exper	nditures		0.00
(b) CODITAL OF CHIRCHINESS INCOPORTION EXPORT	idital 55		
(c) TOTAL Independent Expenditures		L	
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or aut committee) any political party committee or its agent.			
	M · M	D D Y	YYY
Leah Anne Anne Brown	Date 0 4		0 0 6
Signature			

ITEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 11 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Swing the Vote				C C00401919
Check if 24-hour notice 48-l	nour notice			000401313
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
Leah Anne Anne Brown			M ₀ M ₇	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
47 Delle Ave #3				62.81
City	State	Zip Code		on ID: SE24.4788
Roxbury	MA	02120	Office Sough	
Purpose of Expenditure reimburse printing suppl - paper		Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or O	nnosed by expend	iture:	Check One:	Support X Oppose
Name of Federal Canadate Supported of C	pposed by expend	itaro.		
			Disbursemer	nt For: Primary X General 2006
Calendar Year-To-Date Per Election			Oth	ner (specify):
for Office Sought		625.07		
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
Leah Anne Anne Brown			м ₀ ^м /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
47 Delle Ave #3				82.94
City	State	Zip Code		on ID: SE24.4789
Roxbury	MA	02120	Office Sough	
Purpose of Expenditure		Category/ 007		Senate District: Presidential
reimburse printing suppl - toner		Type 007		
Name of Federal Candidate supported or O	pposed by expend	iture:	Check One:	Support X Oppose
			Disbursemer	nt For: Primary X General 2006
				.,
Calendar Year-To-Date Per Election for Office Sought		708.01		ner (specify) :
(a) SUBTOTAL of Itemized Independent Expe	enditures		[_,	145.75
(b) SUBTOTAL of Unitemized Independent E	xpenditures			0.00
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committ			
		M * M	D D	Y " Y " Y " Y "
Leah Anne Anne Brown		Date 0 4	11	2006
Signature				

ITEMIZED INDEPENDENT EX	PENDITUR	ES		PAGE 12 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
Swing the Vote				FEC IDENTIFICATION NUMBER TO C C00401919
Check if 24-hour notice 48-	hour notice			C C00401919
Full Name (Last, First, Middle, Initial) of Pa	vee		Date	
Leah Anne Anne Brown	,		M M /	19 / Y Y Y Y Y Y
Mailing Address			Amount	
47 Delle Ave #3				15.69
City	State	Zip Code	Transaction	on ID: SE24.4790
Roxbury	MA	02120	Office Sough	
Purpose of Expenditure reimburse printing suppl - paper		Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or C	Opposed by expend	liture:	Check One:	Support X Oppose
	, pp			
			Disburseme	nt For: Primary X General 2006
Calendar Year-To-Date Per Election		700.70	Oth	ner (specify):
for Office Sought		723.70	_	
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Leah Anne Anne Brown			0.7	19 / Y Y Y Y Y Y
Mailing Address			Amount	
47 Delle Ave #3				238.43
City	State	Zip Code		on ID: SE24.4791
Roxbury	MA	02120	Office Sough	
Purpose of Expenditure		Category/ 007	_	Senate District: Presidential
reimburse printing suppl - toner		Type 007		
Name of Federal Candidate supported or C	Opposed by expend	liture:	Check One:	Support X Oppose
			Disburseme	nt For: Primary X General 2006
				.,
Calendar Year-To-Date Per Election for Office Sought		962.13		ner (specify) :
(a) SUBTOTAL of Itemized Independent Exp	enditures			254.12
(b) SUBTOTAL of Unitemized Independent E	xpenditures			0.00
(c) TOTAL Independent Expenditures				
· · · · · · · · · · · · · · · · · · ·				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized commit			
		_ M *	M D D	Y " Y " Y " Y
Leah Anne Anne Brown Signature		Date 0	1 11	2006

TEMIZED INDEPENDENT EX	PENDITURES		PAGE 13 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Swing the Vote			· · · · · · · · · · · · · · · · · · ·
Check if 24-hour notice 48-	hour notice		C C00401919
Full Name (Last, First, Middle, Initial) of Pa		Date	
Leah Anne Anne Brown	,	M M /	30 / 2005
Mailing Address 47 Delle Ave #3		Amount	209.98
City	State Zip Code	Transaction	ID: SE24.4687
City Roxbury	MA 02120	Office Sought:	: House State:
Purpose of Expenditure reimb for laser prin-	Category/ Type 001		Senate District: Presidential
Name of Federal Candidate supported or C		Check One:	Support X Oppose
Name or Federal Candidate supported or C	рроѕей ву ехрепалите.		Ti X Oppose
		Disbursement	For: Primary X General 2006
Calendar Year-To-Date Per Election	2022.92	U Othe	r (specify) :
for Office Sought	2922.83		
-			
Full Name (Last, First, Middle, Initial) of Pa	yee	Date	
Leah Anne Anne Brown		1,2	30 / 2005
Mailing Address		Amount	
47 Delle Ave #3			27.29
		Transaction	ID: SE24.4691
City Roxbury	State Zip Code MA 02120	Office Sought:	
Purpose of Expenditure	IVIA 02120	-	Senate District:
reimburse printing supplies - paper	Category/ Type 006		Presidential
Name of Federal Candidate supported or C	Opposed by expenditure:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
			·
Calendar Year-To-Date Per Election for Office Sought	2950.12	Otne	r (specify) :
(a) SUBTOTAL of Itemized Independent Expe	enditures		237.27
(h) SURTOTAL of Unitermized Independent F	xpenditures		0.00
(b) COBTOTAL OF CHILDRING MICOPORTION L	Aportaliaros		
(c) TOTAL Independent Expenditures			
	ent expenditures reported herein were not made in r authorized committee or agent of either, or (if the nt.		
	Data Moral		(1Y 1Y 1Y 1
Leah Anne Anne Brown	Date 0.4	11 2	2006
Signature			

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 14 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
Swing the Vote					C C00401919
Check if 24-hour notice 48-	hour notice				C 000401313
Full Name (Last, First, Middle, Initial) of Pa	/ee			Date	
Leah Anne Anne Brown				M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
47 Delle Ave #3					221.75
City	State	Zip C	ode	Transactio	n ID: SE24.4777
Roxbury	MA	0212	0	Office Sough	
Purpose of Expenditure reimburse printer suppl - toner		Category/ Type	006		Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expend	diture:		Check One:	Support X Oppose
				Diahamaana	t Farr Duinner V Canada 200
				Disbursemen	
Calendar Year-To-Date Per Election		33	14.37	Oth	er (specify) :
for Office Sought			4.07		
Full Name (Last, First, Middle, Initial) of Page	/ee			Date	
Leah Anne Anne Brown				1, 2	30 4 2005
Mailing Address				Amount	
47 Delle Ave #3					104.99
				Transactio	n ID: SE24.4778
City	State	Zip C		Office Sough	
Roxbury	MA	0212	0	Office Gough	Senate District:
Purpose of Expenditure		Category/	006		Presidential
reimburse - drum for printer		Туре	000		
Name of Federal Candidate supported or C	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
					er (specify) :
Calendar Year-To-Date Per Election for Office Sought		34	19.36		
(a) SUBTOTAL of Itemized Independent Expe	enditures				326.74
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit				
Leah Anne Anne Brown		D	ate 04	D D D 1 1 1	Y · Y · Y · Y · Y · 2 0 0 6
Signature					

ITEMIZED INDEPENDENT EX	PENDITURE	ES			PAGE 15 / 43 FOR LINE 24 OF FORM 3X]
NAME OF COMMITTEE (In Full)						J
Swing the Vote					C C00401919	
Check if 24-hour notice 48-	hour notice				C C00401919	
Full Name (Last, First, Middle, Initial) of Pa	/ee			Date		
Leah Anne Anne Brown				M M /	^D 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address				Amount		
47 Delle Ave #3					23.06	
City	State	Zip Code			n ID: SE24.4780	-
Roxbury	MA	02120	c	Office Sought		
Purpose of Expenditure reimburse printing suppl - paper		Category/ Type 007			Senate District: Presidential	
Name of Federal Candidate supported or C	pposed by expendi	ture:	c	heck One:	Support X Oppose	
				\	4 Fam. Primary Y Carrary (-
			^u	isbursemen		2006
Calendar Year-To-Date Per Election		3442.42		U Othe	er (specify):	
for Office Sought		0442.42	_			
Full Name (Last, First, Middle, Initial) of Pag	/ee			Date		
Leah Anne Anne Brown				1 2	30	
Mailing Address				Amount		
47 Delle Ave #3					129.98	
City	Ctoto	Zin Cada		Transaction	n ID: SE24.4781	_
City Roxbury	State MA	Zip Code 02120	С	Office Sought	t: House State:	
Purpose of Expenditure			_		Senate District:	
reimburse printing suppl - paper		Category/ Type 007			Presidential	
Name of Federal Candidate supported or C	pposed by expendi	ture:	c	heck One:	Support X Oppose	
				isbursemen	t For: Primary X General 2	- 2004
					.,	1000
Calendar Year-To-Date Per Election for Office Sought		3572.40		U Otne	er (specify) :	
(a) SUBTOTAL of Itemized Independent Expe	enditures				153.04	
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00	
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committe					
Leah Anne Anne Brown Signature		Date 0			Y Y Y Y Y Y 2 0 0 6	
o.g. ata o						

ITEMIZED INDEPENDENT EXPEND	DITUR	ES			PAGE 16 / 43 FOR LINE 24 OF FORM 3	
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER	
Swing the Vote					C C00401919	1
Check if 24-hour notice 48-hour notic	ce				C 000401313	4
Full Name (Last, First, Middle, Initial) of Payee				Date		
Leah Anne Anne Brown				M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address				Amount		
47 Delle Ave #3					101.12	
City	State	Zip Co	de		n ID: SE24.4782	_
Roxbury	MA	02120)	Office Sough		
Purpose of Expenditure reimburse printing suppl - paper		Category/ Type	007		Senate District: Presidential	_
Name of Federal Candidate supported or Opposed	hy expend	liture:		Check One:	X Support Oppose	
riamo di Fodorai Ganaldato Supportod di Opposso	оу одрогіс					
				Disbursemen	t For: Primary X General	2006
Calendar Year-To-Date Per Election		007	0.50	U Oth	er (specify):	
for Office Sought		367	3.52			
Full Name (Last, First, Middle, Initial) of Payee				Date		_
Leah Anne Anne Brown				M M /	30 / Y Y Y Y Y Y Y Y	
Mailing Address				Amount		
47 Delle Ave #3				Tunnantia	39.89	
City	State	Zip Co			n ID: SE24.4784	_
Roxbury	MA	02120)	Office Sough		
Purpose of Expenditure		Category/	007		Senate District: Presidential	-
reimburse - table for lit table		Туре	007			
Name of Federal Candidate supported or Opposed	by expend	liture:		Check One:	Support X Oppose	
				Disbursemen	t For: Primary X General	2006
					er (specify) :	2000
Calendar Year-To-Date Per Election for Office Sought	• •	371	3.41	Our	er (Specify)	
(a) SUBTOTAL of Itemized Independent Expenditures					141.01	
(b) SUBTOTAL of Unitemized Independent Expenditu	res				0.00	
						1
(c) TOTAL Independent Expenditures				L.		Ш
Under penalty of perjury I certify that the independent exper or at the request or suggestion of, any candidate or authoriz committee) any political party committee or its agent.						
Leah Anne Anne Brown Signature		Da	ate 04		Y Y Y Y Y 2 0 0 6	

ITEMIZED INDEPENDENT EXPE	NDITURES	PAGE 17 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Swing the Vote		C C00401919
Check if 24-hour notice 48-hour i	notice	C 000401313
Full Name (Last, First, Middle, Initial) of Payee		Date
Leah Anne Anne Brown		1 2
Mailing Address		Amount
47 Delle Ave #3		111.22
City	State Zip Code	Transaction ID: SE24.4794
Roxbury	MA 02120	Office Sought: House State:
Purpose of Expenditure reimburse printing suppl - paper	Category/ Type 007	Senate District: Presidential
Name of Federal Candidate supported or Oppos		Check One: Support X Oppose
	, ,	
		Disbursement For: Primary X General 2000
Calendar Year-To-Date Per Election	3824.63	Other (specify) :
for Office Sought	0024.00	
Full Name (Last, First, Middle, Initial) of Payee		Date
Leah Anne Anne Brown		1 2 D 3 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
47 Delle Ave #3		46.20
		Transaction ID: SE24.4842
City	State Zip Code MA 02120	Office Sought: House State:
Roxbury Purpose of Expenditure	IVIA 02120	Senate District:
reimb: printing suppl - paper	Category/ Type 007	Presidential
Name of Federal Candidate supported or Oppos	ed by expenditure:	Check One: Support X Oppose
		Disbursement For: Primary X General 2000
Calendar Year-To-Date Per Election for Office Sought	3870.83	Other (specify) :
(a) SUBTOTAL of Itemized Independent Expenditu	ıres	157.42
(b) SUBTOTAL of Unitemized Independent Expend	dituras	0.00
(b) SOBTOTAL OF OTHER INDEPENDENT EXPEND	uitui es	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex or at the request or suggestion of, any candidate or auth committee) any political party committee or its agent.		
Leah Anne Anne Brown	Date 04	1 1 2 0 0 6
Signature		

ITEMIZED INDEPENDENT EXP	ENDITURE	S		PAGE 18 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Swing the Vote				C C00401919
Check if 24-hour notice 48-ho	our notice			C 000401313
Full Name (Last, First, Middle, Initial) of Paye	e		Date	
Bonnie Carroll			M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
147 MacLean Rd				142.50
City	State	Zip Code		on ID: SE24.4692
Alstead	NH	03602	Office Sough	
Purpose of Expenditure reimburse: advertisi- ng for speaking tour		Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Op	oosed by expenditu	ıre:	Check One:	Support X Oppose
.,				
			Disbursemer	.,
Calendar Year-To-Date Per Election		3092.62	Oth	er (specify) :
for Office Sought	• • • • •	0002.02		
Full Name (Last, First, Middle, Initial) of Payer	e		Date	
John Friede			M M /	29 / Y Y Y Y Y
Mailing Address			Amount	
4 Oak St				120.00
			Transactio	on ID: SE24.4680
City Peterborough	State NH	Zip Code 03458	Office Sough	
Purpose of Expenditure	INII	03436		Senate District:
reimb fees to library for film series		Category/ Type 007		Presidential
Name of Federal Candidate supported or Op	posed by expenditu	ıre:	Check One:	Support X Oppose
			Diahumaanaa	nt For: Primary X General 2006
			Disbursemer	.,
Calendar Year-To-Date Per Election for Office Sought		2216.55	Oth	er (specify) :
(a) SUBTOTAL of Itemized Independent Expen	ditures			262.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures			0.00
() TOTAL				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or a committee) any political party committee or its agent	authorized committee			
		M_*M	D D	YYYY
Leah Anne Anne Brown Signature		Date 04	11	2006

ITEMIZED INDEPENDENT EXP	PENDITUR	ES			PAGE 19 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
Swing the Vote					C C00401919
Check if 24-hour notice 48-h	our notice				C 000401919
Full Name (Last, First, Middle, Initial) of Paye	ee			Date	
Home Depot				M M /	$\begin{bmatrix} D & D \\ O & O \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
Mailing Address				Amount	
179 Daggett Dr					8.63
City	State	Zip C	ode	<u>Transactio</u>	n ID: SE24.4824
West Springfield	MA	0108		Office Sough	t: House State:
Purpose of Expenditure					Senate District:
see Perkins in-kind exp. 9/9/05		Category/ Type	007		Presidential
Name of Federal Candidate supported or Op	posed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
Calendar Year-To-Date Per Election				Oth	er (specify) :
for Office Sought			0.00	[MEMO ITE	EM]
Full Name (Last, First, Middle, Initial) of Paye	ee			Date	
Dahr Jamail				M M /	29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
					50.00
	2			Transactio	n ID: SE24.4677
City	State AK	Zip C	ode	Office Sough	
Anchorage	AN				Senate District:
Purpose of Expenditure Honorarium for lectu- re		Category/ Type	007		Presidential
Name of Federal Candidate supported or Op	posed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
					.,
Calendar Year-To-Date Per Election for Office Sought	• • • •	20	43.61	Oth.	er (specify) :
(a) SUBTOTAL of Itemized Independent Exper	nditures				50.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures				0.00
(a) TOTAL deduced by Europhines					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized commit				
Look Anno Anno Prous		F	Nate 0.4		7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 °
Leah Anne Anne Brown Signature		<u> </u>	Date 0.4	11	2006

ITEMIZED INDEPENDENT EXPENDITUR	RES		PAGE 20 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Swing the Vote			C C00401919
Check if 24-hour notice 48-hour notice			C 000401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
MicroCenter		M M /	$\begin{bmatrix} D & D \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & O & 5 \end{bmatrix}$
Mailing Address		Amount	
730 Memorial Dr			104.99
City State	Zip Code		ID: SE24.4857
Cambridge MA	02139	Office Sought:	
Purpose of Expenditure see reimburse Brown 12/30/05	Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expen	diture:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
		Othe	r (specify) :
Calendar Year-To-Date Per Election	0.00	[MEMO ITE	
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
Monadnock Shopper		M M /	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
445 West St			142.50
City State	Zip Code	Transaction	ID: SE24.4835
Keene NH	03431	Office Sought:	House State:
Purpose of Expenditure	Catananii		Senate District:
see Carroll reimburse 12/30/05	Category/ Type 004		Presidential
Name of Federal Candidate supported or Opposed by expen	diture:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
		Othe	r (specify):
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITE	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures re or at the request or suggestion of, any candidate or authorized comm committee) any political party committee or its agent.			
	M M		YYYY
Leah Anne Anne Brown Signature	Date 0.4	11 2	006
Oignatul 6			

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 21 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
Swing the Vote					C C00401919
Check if 24-hour notice 48-	hour notice				C 000401919
Full Name (Last, First, Middle, Initial) of Pa	iyee			Date	
Mothers Uniting	•			M M /	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
Mailing Address				Amount	
P.O. Box 354					50.00
Emerald St				Transaction	on ID: SE24.4674
City	State	Zip C			
Keene	NH	0343	1	Office Sough	
Purpose of Expenditure Fe for literature ta- ble at event		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or C	Opposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
					•
Calendar Year-To-Date Per Election		199	93.61	l Ctn	er (specify) :
for Office Sought					
Full Name (Last, First, Middle, Initial) of Pa	yee			Date	
Office Max				0 7	01 / 2005
Mailing Address				Amount	
8-C Allstate Rd					71.85
				Transactio	on ID: SE24.4847
City	State	Zip Co		Office Sough	
Dorchester	MA	0212	5		Senate District:
Purpose of Expenditure		Category/	006		Presidential
see reimb Brown 7/19- /05		Туре	000	Chook Ono:	Cupport
Name of Federal Candidate supported or C	Opposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	L	•	0.00	[MEMO ITE	
(a) SUBTOTAL of Itemized Independent Exp	enditures				50.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized commit				
			M ° ···		VIVIVIV
Leah Anne Anne Brown		D	ate 04	1 1	2006
Signature					

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 22 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Swing the Vote		C C00401919
Check if 24-hour notice 48-hour notice		C 000401313
Full Name (Last, First, Middle, Initial) of Payee	D	ate
Office Max		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Į.	mount
135 Memorial Ave		68.48
City State	Zip Code	ransaction ID: SE24.4814
West Springfield MA	Of	fice Sought: House State:
Purpose of Expenditure see Perkins in-kind 10/7/05 Cate	gory/ ype 007	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:		eck One: Support X Oppose
	Dis	sbursement For: Primary X General 200
		Other (specify) :
Calendar Year-To-Date Per Election	0.00	EMO ITEM]
for Office Sought		-
Full Name (Last, First, Middle, Initial) of Payee	D	ate
Office Max		1 0
Mailing Address	,	mount
135 Memorial Ave		38.06
	T	ransaction ID: SE24.4809
City State West Springfield MA	Zip Code	fice Sought: House State:
Purpose of Expenditure Cate	ron/	Senate District:
coo Porking in kind	ype 007	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Ch	eck One: Support X Oppose
	Dis	sbursement For: Primary X General 200
		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	0.00 [M	EMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported h or at the request or suggestion of, any candidate or authorized committee or a committee) any political party committee or its agent.		
Leah Anne Anne Brown		1 2006
Signature Signature	- 3112	

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 23 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					
Check if 24-hour notice 48-	nour notice				C C00401919
Full Name (Last, First, Middle, Initial) of Pay	/ee			Date	
Office Max				M M /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
8-C Allstate Rd					23.06
City	State	Zip C	Code		n ID: SE24.4858
Dorchester	MA	0212	25	Office Sough	
Purpose of Expenditure see reimburse Brown 12/30/05		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or O	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
					er (specify) :
Calendar Year-To-Date Per Election			0.00	[MEMO ITE	
for Office Sought				-	•
Full Name (Last, First, Middle, Initial) of Pay	/ee			Date	
Rutilious B. Perkins				0, 9	01 / Y Y Y Y Y Y Y
Mailing Address				Amount	
93 Pinedale Rd					18.14
City	State	Zip C	Code	Transactio	n ID: SE24.4821
Athol	MA	013		Office Sough	it: House State:
Purpose of Expenditure		Cata manus			Senate District:
in-kind: sign suppli- es		Category/ Type	007		Presidential
Name of Federal Candidate supported or O	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		9	80.27	G	. (0,000),
(a) SUBTOTAL of Itemized Independent Expe	nditures				18.14
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	authorized commit				
Leah Anne Anne Brown Signature		[Date 0 4		2006

ITEMIZED INDEPENDENT EXPE	NDITUR	ES			PAGE 24 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					
Check if 24-hour notice 48-hour	notice				C C00401919
Full Name (Last, First, Middle, Initial) of Payee				Date	
Rutilious B. Perkins				M M /	0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
93 Pinedale Rd					8.63
City	State	Zip Co	de		n ID: SE24.4823
Athol	MA	0133	1	Office Sough	
Purpose of Expenditure in-kind: duct tape for lit tables		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or Oppo	sed by expend	 liture:		Check One:	Support X Oppose
				Disbursemen	. ,
Calendar Year-To-Date Per Election		1.45	6.99	L Oth	er (specify) :
for Office Sought		143	0.33		
Full Name (Last, First, Middle, Initial) of Payee				Date	
Rutilious B. Perkins				0.9	09 / Y Y Y Y Y Y
Mailing Address				Amount	
93 Pinedale Rd					45.14
City	State	Zip Co	ode	Transactio	n ID: SE24.4827
Athol	MA	0133		Office Sough	t: House State:
Purpose of Expenditure		Category/			Senate District:
in-kind: table for lit table use		Type	007		Presidential
Name of Federal Candidate supported or Oppo	sed by expend	liture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 20
					er (specify) :
Calendar Year-To-Date Per Election for Office Sought		150	2.13	Can Our	er (specify)
(a) SUBTOTAL of Itemized Independent Expendi	ures				53.77
(b) SUBTOTAL of Unitemized Independent Expe	nditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or autommittee) any political party committee or its agent.					
Leah Anne Anne Brown		Da	ate 04	D D D 11	Y
Signature					

ITEMIZED INDEPENDENT EXPE	NDITURES			PAGE 25 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Swing the Vote				
Check if 24-hour notice 48-hour	notice			C C00401919
Full Name (Last, First, Middle, Initial) of Payee	110000		Date	
Rutilious B. Perkins			M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
93 Pinedale Rd				57.45
City	State Zip Code			n ID: SE24.4829
Athol	MA 01331		Office Sought	
Purpose of Expenditure in-kind: markers, si- gn holders	Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or Oppos	sed by expenditure:		Check One:	Support X Oppose
		-	Disbursemen	t For: Primary X General 2006
				er (specify) :
Calendar Year-To-Date Per Election	1559.5	8	Othe	er (specify)
for Office Sought				
Full Name (Last, First, Middle, Initial) of Payee			Date	
Rutilious B. Perkins			1 0	01 / Y Y Y Y Y Y Y
Mailing Address			Amount	
93 Pinedale Rd				13.38
City	State Zip Code		Transaction	n ID: SE24.4815
City Athol	MA 01331		Office Sought	t: House State:
Purpose of Expenditure				Senate District:
in-kind: duct tape for lit tables	Category/ Type	007		Presidential
Name of Federal Candidate supported or Oppos	sed by expenditure:		Check One:	Support X Oppose
	, ,	-	Disbursemen	t For: Primary X General 2006
Calendar Year-To-Date Per Election for Office Sought	1679.0	2	U Otne	er (specify) :
(a) SUBTOTAL of Itemized Independent Expendit	ures			70.83
				2.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures			0.00
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent e or at the request or suggestion of, any candidate or autl committee) any political party committee or its agent.				
		M M	D D	Y Y Y Y
Leah Anne Anne Brown	Date	0 4		2006
Signature	<u></u>			

ITEMIZED INDEPENDENT EXP	PENDITURE	5		PAGE 26 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Swing the Vote				C C00401919
Check if 24-hour notice 48-h	our notice			C 000401313
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
Rutilious B. Perkins			M M /	01 / Y Y Y Y Y Y Y 2005
Mailing Address			Amount	
93 Pinedale Rd				34.78
City	State	Zip Code		n ID: SE24.4818
Athol	MA	01331	Office Sough	
Purpose of Expenditure in-kind: flyer holde- rs for lit tables		Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Op	posed by expenditu	re:	Check One:	Support X Oppose
	. , ,		5	
			Disbursemen	.,
Calendar Year-To-Date Per Election		1713.80	Oth	er (specify) :
for Office Sought	• • • • •	1710.00		
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
Rutilious B. Perkins			1 0 /	0 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
93 Pinedale Rd				108.10
			Transactio	n ID: SE24.4831
City Athol	State MA	Zip Code 01331	Office Sough	nt: House State:
Purpose of Expenditure	IVIA	01331	1	Senate District:
in-kind: table, flyer holders, pens		Category/ Type 007		Presidential
Name of Federal Candidate supported or Op	posed by expenditu	re:	Check One:	Support X Oppose
			Disbursemen	nt For: Primary X General 2006
Calendar Year-To-Date Per Election for Office Sought		1821.90	Otn	er (specify) :
(a) SUBTOTAL of Itemized Independent Exper	nditures			142.88
(b) SUBTOTAL of Unitemized Independent Ex	penditures			0.00
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized committee			
Leah Anne Anne Brown Signature		Date 0 4	D D 11	Y

ITEMIZED INDEPENDENT EXP	PENDITURES			PAGE 27 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			EEC	_
Swing the Vote				C00401919
Check if 24-hour notice 48-h	our notice			000401919
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
Rutilious B. Perkins	-			D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
93 Pinedale Rd				68.48
City	State Zip Coo	de 🗀	Transaction ID:	1
Athol	MA 01331	0	Office Sought:	House State:
Purpose of Expenditure in-kind: clipbds, fl- yer&sign holders	Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	c	Check One:	Support X Oppose
.,			·	D.: V. O
		b	Disbursement For:	
Calendar Year-To-Date Per Election	1890	38	Other (sp	ecify):
for Office Sought		,,,,,		
Full Name (Last, First, Middle, Initial) of Payer	ee		Date	
Rutilious B. Perkins			M M / D 1	4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
93 Pinedale Rd				15.17
Cit.	Chata Zin Cau	<u>'</u>	Transaction ID:	SE24.4807
City Athol	State Zip Cod MA 01331		Office Sought:	House State:
Purpose of Expenditure				Senate District:
in-kind: pens, clips, flyer holders	Category/ Type	006		Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	C	Check One:	Support X Oppose
		D	Disbursement For:	Primary X General 200
				pecify) :
Calendar Year-To-Date Per Election for Office Sought	1909	5.55	Other (3p	(Cony) .
(a) SUBTOTAL of Itemized Independent Exper	ditures			83.65
(b) SUBTOTAL of Unitemized Independent Ex	penditures			0.00
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized committee or agent of e			
Leah Anne Anne Brown Signature	Da		D D Y Y Y 200	

ITEMIZED INDEPENDENT EXPEND	ITURES		PAGE 28 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			EC IDENTIFICATION NUMBER
Swing the Vote			· · · · · · · · · · · · · · · · · · ·
Check if 24-hour notice 48-hour notice	9		000401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
Rutilious B. Perkins		M M /	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
93 Pinedale Rd			38.06
City	State Zip Code	Transaction II	
Athol	MA 01331	Office Sought:	House State:
Purpose of Expenditure in-kind: clipboards, flyer holders	Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Opposed by	/ expenditure:	Check One:	Support X Oppose
	, - ,		
		Disbursement F	,
Calendar Year-To-Date Per Election	1943.61	Other ((specify):
for Office Sought	10 10.01		
Full Name (Last, First, Middle, Initial) of Payee		Date	
Rutilious B. Perkins		M M / [3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	2000
93 Pinedale Rd			210.40
		Transaction II	D : SE24.4863
City Athol	State Zip Code MA 01331	Office Sought:	House State:
Purpose of Expenditure	WA 01331	amer aragini	Senate District:
(IN-KIND) use of pho- ne co. ans. service	Category/ Type 001		Presidential
Name of Federal Candidate supported or Opposed by	/ expenditure:	Check One:	Support X Oppose
		Disbursement F	or: Primary X General 2006
			(specify):
Calendar Year-To-Date Per Election for Office Sought	4081.23	ou.o. ((3,500), 1
(a) SUBTOTAL of Itemized Independent Expenditures .			248.46
(b) SUBTOTAL of Unitemized Independent Expenditure	25		0.00
(2, 22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
Leah Anne Anne Brown	Date 0 4		006
Signature			

ITEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 29 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Swing the Vote		li	· · · · · · · · · · · · · · · · · · ·
Check if 24-hour notice 48-hour notice			C C00401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
Peterborough Public Library		M M / 0.7	$\begin{bmatrix} D & D \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & O & 5 \end{bmatrix}$
Mailing Address		Amount	
2 Concord St			120.00
City State	Zip Code		ID: SE24.4837
Peterborough NH	03458	Office Sought:	
Purpose of Expenditure see Friede reimburse 10/29/05	Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expend	iture:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
			•
Calendar Year-To-Date Per Election	0.00	[MEMO ITEI	(specify):
for Office Sought		[INEMIOTIE	"]
Full Name (Last, First, Middle, Initial) of Payee		Date	
Red Sun Press		M M /	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
94 Green St			46.20
0.0	7' 0 1	Transaction	ID: SE24.4843
City State Jamaica Plain MA	Zip Code 02130	Office Sought:	House State: Senate District:
Purpose of Expenditure	Category/ 007		Presidential
see Brown reimburse 12/30/05	I ype		
Name of Federal Candidate supported or Opposed by expend	iture:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2006
Calendar Year-To-Date Per Election	0.00		(specify):
for Office Sought	0.00	[MEMO ITE	М]
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized commit committee) any political party committee or its agent.			
Leah Anne Anne Brown	Date 0 4		0 0 6
Signature			

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 30 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					C C00401919
Check if 24-hour notice 48-	hour notice				C 300401010
Full Name (Last, First, Middle, Initial) of Pa	yee			Date	
Roxbury Technology				M M /	0 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
3368 Washington St					238.43
City	State	Zip C	ode	Transactio	on ID: SE24.4665
Jamiaca Plain	MA	0213		Office Sough	
Purpose of Expenditure Printer supplies -		Category/	006		Senate District: Presidential
toner		Туре			
Name of Federal Candidate supported or C	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
Calendar Year-To-Date Per Election				☐ Oth	er (specify) :
for Office Sought	L	33	38.43		
Tor Office Sought					
Full Name (Last, First, Middle, Initial) of Page	yee			Date	
Roxbury Technology				0.7	08 / Y Y Y Y Y Y
Mailing Address				Amount	
3368 Washington St					238.43
				Transaction	on ID: SE24.4852
City	State	Zip C		Office Sough	
Jamiaca Plain	MA	0213	0	- Office Sough	Senate District:
Purpose of Expenditure		Category/	007		Presidential
see reimburse Brown 7/19/05		Туре	007		
Name of Federal Candidate supported or C	pposed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	L		0.00	[MEMO ITE	
(a) SUBTOTAL of Itemized Independent Expe	enditures				238.43
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit				
Leah Anne Anne Brown Signature		D	ate 0 4	D D 11	2006

ITEMIZED INDEPENDENT EX	(PENDITUR	ES			PAGE 31 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					C C00401919
Check if 24-hour notice 48-	-hour notice				C 300401313
Full Name (Last, First, Middle, Initial) of Pa	ayee			Date	
Roxbury Technology				M M /	0 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
3368 Washington St					468.09
City	State	Zip Co	ode	Transactio	n ID: SE24.4672
Jamiaca Plain	MA	0213		Office Sough	
Purpose of Expenditure		0-1			Senate District:
printer supplies - toner		Category/ Type	006		Presidential
Name of Federal Candidate supported or 0	Opposed by expend	liture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
Calendar Year-To-Date Per Election				Oth	er (specify) :
		144	18.36		
for Office Sought					
Full Name (Last, First, Middle, Initial) of Pa	ayee			Date	
Roxbury Technology				1, 0	04 2005
Mailing Address				Amount	
3368 Washington St					221.75
				Transactio	n ID: SE24.4853
City Jamiaca Plain	State MA	Zip Co 0213		Office Sough	
Purpose of Expenditure	IVIA	0213	0	cc. c.ug.	Senate District:
see reimburse Brown 12/30/05		Category/ Type	007		Presidential
	Daniel and the common of	**		Check One:	Support X Oppose
Name of Federal Candidate supported or C	Opposed by expend	liture:			у Оррозе
				Disbursemen	nt For: Primary X General 200
Calendar Year-To-Date Per Election			0.00		er (specify) :
for Office Sought			0.00	[MEMO ITE	=M]
(a) SUBTOTAL of Itemized Independent Exp	enditures				468.09
(,,					
(b) SUBTOTAL of Unitemized Independent E	Expenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized commit				
Leah Anne Anne Brown Signature		D	ate 0 4		Y

ITEMIZED INDEPENDENT EX	PENDITUR	ES		PAGE 32 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Swing the Vote				C C00401919
Check if 24-hour notice 48-	hour notice			C 000401313
Full Name (Last, First, Middle, Initial) of Pa	vee		Date	
Roxbury Technology	,		M M /	14 / 2005
Mailing Address			Amount	
3368 Washington St				221.34
City	State	Zip Code		on ID: SE24.4682
Jamiaca Plain	MA	02130	Office Sough	
Purpose of Expenditure printer supplies - toner		Category/ Type 006		Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expendi		Check One:	Support X Oppose
			D'alamana	V 0
			Disbursemer	
Calendar Year-To-Date Per Election		2437.89	Oth	er (specify):
for Office Sought		2107.00		
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Roxbury Technology			1 2 /	29 / Y Y Y Y Y Y
Mailing Address			Amount	
3368 Washington St				214.96
			Transaction	on ID: SE24.4683
City Jamiaca Plain	State MA	Zip Code 02130	Office Sough	
Purpose of Expenditure	IVIA	02130	+	Senate District:
printer supplies - toner		Category/ Type 006		Presidential
Name of Federal Candidate supported or C	pposed by expendi	ture:	Check One:	Support X Oppose
			D'alamana	V 0
			Disbursemer	.,
Calendar Year-To-Date Per Election for Office Sought		2652.85	Oth	er (specify) :
(a) SUBTOTAL of Itemized Independent Exp	enditures			436.30
(b) SUBTOTAL of Unitemized Independent E	xpenditures			0.00
(c) TOTAL Independent Expenditures				
· · · · · · · · · · · · · · · · · · ·				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committ			
		M M	D D	Y " Y " Y " Y
Leah Anne Anne Brown		Date 0 4		2006
Signature				

ITEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 33 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		١,	
Swing the Vote		l r	C C00401919
Check if 24-hour notice 48-hour notice		l	C C00401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples		M M /	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
52 Pearson Blvd			48.28
City State	Zip Code		ID: SE24.4848
Gardner MA		Office Sought:	House State:
Purpose of Expenditure see reimb Brown 7/19- /05	Category/ Type 006		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expend	 liture:	Check One:	Support X Oppose
		Disbursement I	For: Primary X General 2006
		Other	(specify):
Calendar Year-To-Date Per Election	0.00	[MEMO ITEN	
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples		M M /	000 / 2005
Mailing Address		Amount	
52 Pearson Blvd		T	49.64
City State	Zip Code		ID: SE24.4849
Gardner MA	1	Office Sought:	House State:
Purpose of Expenditure	Category/ 007		Senate District: Presidential
see reimburse Brown 7/19/05	Type 007		
Name of Federal Candidate supported or Opposed by expend	liture:	Check One:	Support X Oppose
		Disbursement I	For: Primary X General 2000
			(specify):
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITEN	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	M° M		, , , , , , , , , , , , , , , , , , ,
Leah Anne Anne Brown	Date 0.4	11 2	0 0 6
Signature			

ITEMIZED INDEPENDENT EXPENDITUR	RES		PAGE 34 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Swing the Vote		li	C C00401919
Check if 24-hour notice 48-hour notice			C C00401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples		M M / 0.9	$\begin{bmatrix} D & D \\ O & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
Mailing Address		Amount	
1129 Riverdale Rd			45.14
City State	zip Code		ID: SE24.4828
West Springfield MA	01089	Office Sought:	House State:
Purpose of Expenditure see Perkins in-kind exp 9/9/05	Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Opposed by exper		Check One:	Support X Oppose
		Disbursement	For: Primary X General 2000
			r (specify) :
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITEI	
E HALana (Last First Middle Latin) of Bassa		Data	
Full Name (Last, First, Middle, Initial) of Payee		Date M M /	D D / Y Y Y Y
Staples		0,9	09 / 2005
Mailing Address		Amount	
1129 Riverdale Rd			57.45
		Transaction	ID: SE24.4830
City State West Springfield MA	zip Code 01089	Office Sought:	
Purpose of Expenditure	Category/ 007		Presidential
see Perkins in-kind exp 9/9/05	Type	Obselv Osse	
Name of Federal Candidate supported or Opposed by exper	nditure:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2000
Colondar Voor To Data Par Election		Other	r (specify) :
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITE	М]
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(a) TOTAL deduced at Face division			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures r or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	M M		Y ' Y ' Y ' Y
Leah Anne Anne Brown Signature	Date 0.4	11 2	006

ITEMIZED INDEPENDENT EXF	PENDITUR	ES			PAGE 35 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
Swing the Vote					C C00401919
Check if 24-hour notice 48-hour	our notice				C 000401313
Full Name (Last, First, Middle, Initial) of Paye	ee			Date	
Staples				M M /	01 / Y Y Y Y Y Y 2 0 0 5
Mailing Address				Amount	
63 Key Rd					108.10
City	State	Zip C	Code		on ID: SE24.4834
Keene	NH	034	31	Office Sough	
Purpose of Expenditure see Perkins in-kind 10/1/05		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or Op	posed by expend			Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
					er (specify) :
Calendar Year-To-Date Per Election			0.00	[MEMO ITE	
for Office Sought				-	-
Full Name (Last, First, Middle, Initial) of Payer	ee			Date	
Staples				1 0	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
52 Pearson Blvd					15.17
				Transactio	on ID: SE24.4808
City Gardner	State MA	Zip C	Code	Office Sough	
Purpose of Expenditure	1717 (-	Senate District:
see Perkins in-kind exp 10/14/05		Category/ Type	006		Presidential
Name of Federal Candidate supported or Op	posed by expend	diture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
				Oth	er (specify):
Calendar Year-To-Date Per Election for Office Sought			0.00	[MEMO ITE	· · · · · · · · · · · · · · · · · · ·
(a) SUBTOTAL of Itemized Independent Exper	nditures				0.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized commit				
Look Appa Appa Prayer		,	M M	D D	Y " Y " Y " Y
Leah Anne Anne Brown Signature		'	Date 0.4	11	2006

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 36 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Swing the Vote	C C00401919
Check if 24-hour notice 48-hour notice	C 300401313
Full Name (Last, First, Middle, Initial) of Payee	Date
Staples.com	$\begin{bmatrix} M & M \\ O & 7 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & O & 5 \end{bmatrix}$
Mailing Address	Amount
Putnam	15.69
City State Zip Code	Transaction ID: SE24.4850
Putnam CT	Office Sought: House State:
Purpose of Expenditure see reimburse Brown 7/19/05 Category/ Type 007	Senate District: Presidential
	Check One: Support X Oppose
	Disbursement For: Primary X General 2006
	Other (specify) :
Calendar Year-To-Date Per Election 0.00	[MEMO ITEM]
for Office Sought	-
Full Name (Last, First, Middle, Initial) of Payee	Date
Staples.com	$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix}$ / $\begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix}$ / $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}$
Mailing Address	Amount
Putnam	82.94
City.	Transaction ID: SE24.4851
City State Zip Code Putnam CT	Office Sought: House State:
Purpose of Expenditure	Senate District:
see reimburse Brown 7/19/05 Category/ Type 007	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: Support X Oppose
	Disbursement For: Primary X General 2006
	Other (specify):
Calendar Year-To-Date Per Election for Office Sought 0.00	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cor at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Leah Anne Anne Brown Signature Date Date	1 1 2 0 0 6 Y Y Y

ITEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 37 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Swing the Vote			
Check if 24-hour notice 48-hour notice			C C00401919
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples.com		0,7	01 / Y Y Y Y Y Y 2 0 0 5
Mailing Address		Amount	
Putnam			62.81
City State	Zip Code		ID: SE24.4862
Putnam CT		Office Sought	
Purpose of Expenditure see reimburse Brown 7/19/05	Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expend		Check One:	Support X Oppose
		Disbursement	For: Primary X General 2000
			r (specify) :
Calendar Year-To-Date Per Election	0.00	[MEMO ITE	
for Office Sought		-	•
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples.com		M M /	$\begin{bmatrix} D & D & \\ 0 & 7 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}$
Mailing Address		Amount	
Putnam			101.12
City State	Zip Code	Transaction	ID: SE24.4860
Putnam CT	·	Office Sought	
Purpose of Expenditure	Category/ 007		Senate District: Presidential
see reimburse Brown 12/30/05	Type 007		
Name of Federal Candidate supported or Opposed by expend	liture:	Check One:	Support X Oppose
		Disbursement	For: Primary X General 2000
		Othe	r (specify) :
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITE	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(c) TOTAL Independent Expenditures			
· · · · · · · · · · · · · · · · · · ·			
Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized commit committee) any political party committee or its agent.			
	M M		("Y"Y"Y"
Leah Anne Anne Brown	Date 0.4	11 2	2006
Signature			

ITEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 38 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		1	FEC IDENTIFICATION NUMBER
Swing the Vote			C C00401919
Check if 24-hour notice 48-hour notice			C 000401313
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples.com		0 9	$\begin{bmatrix} D & D \\ O & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}$
Mailing Address		Amount	
Putnam			111.22
City State	Zip Code		n ID: SE24.4861
Putnam CT		Office Sought	
Purpose of Expenditure see reimburse Brown 12/30/05	Category/ Type 007		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expend	 liture:	Check One:	Support X Oppose
		Disbursemen	t For: Primary X General 2006
			er (specify) :
Calendar Year-To-Date Per Election	0.00	[MEMO ITE	
for Office Sought		-	·
Full Name (Last, First, Middle, Initial) of Payee		Date	
Staples.com		0, 9	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
Putnam			39.89
City State	Zip Code		n ID: SE24.4839
Putnam CT		Office Sought	
Purpose of Expenditure	Category/		Senate District: Presidential
see Brown Reimburse 12/30/05	Type 007		
Name of Federal Candidate supported or Opposed by expend	liture:	Check One:	Support X Oppose
		Disbursemen	t For: Primary X General 2000
Colonday Veey To Date Day Floation		Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITE	EM]
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(a) TOTAL Independent Funenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	M M		YYYY
Leah Anne Anne Brown	Date 0.4	11	2 0 0 6
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 39 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER •
Swing the Vote	C C00401919
Check if 24-hour notice 48-hour notice	C 000401313
Full Name (Last, First, Middle, Initial) of Payee	Date
Staples.com	$\begin{bmatrix} M & M \\ O & 9 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}$
Mailing Address	Amount
Putnam	27.29
City State Zip Code	Transaction ID: SE24.4841
Putnam CT	Office Sought: House State:
Purpose of Expenditure see Brown reimburse 12/30/05 Category/ Type 006	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: Support X Oppose
	Disbursement For: Primary X General 2006
	Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	[MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
Staples.com	1.0 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
Putnam	129.98
City State Zip Code	Transaction ID: SE24.4859
Putnam CT	Office Sought: House State:
Purpose of Expenditure Category/	Senate District:
see reimburse Brown Type 007	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: Support X Oppose
	Disbursement For: Primary X General 2006
	Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made	a in cooperation, consultation, or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the committee) any political party committee or its agent.	
Leah Anne Anne Brown Date Date	11 2006
Signature	

ITEMIZED INDEPENDENT EX	PENDITURI	ES			PAGE 40 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
Swing the Vote					C C00401919
Check if 24-hour notice 48-h	our notice				C 000401919
Full Name (Last, First, Middle, Initial) of Pay	ee			Date	
Town of Salem, NH				M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
33 Geremonty Dr					60.00
City	State	Zip Co	de		n ID: SE24.4684
Salem	NH	03079)	Office Sough	
Purpose of Expenditure town voter list, for preparing canvass		Category/ Type	007		Senate District: Presidential
Name of Federal Candidate supported or Op	pposed by expend	iture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
Only day Very To Data Day Floring				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		271	2.85		
Full Name (Last, First, Middle, Initial) of Pay	ee			Date	
Verizon				0 7	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
P.O. Box 1				Tuonanatio	54.06
City	State	Zip Co	de		n ID: SE24.4670
Worcester	MA	01654	I-0001	Office Sough	
Purpose of Expenditure		Category/	004		Senate District: Presidential
voice mail service on toll-free number		Туре	001		
Name of Federal Candidate supported or Op	posed by expend	iture:		Check One:	Support X Oppose
				Disbursemen	nt For: Primary X General 200
Coloriday Veey To Date Day Floating				Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		39	2.49		
(a) SUBTOTAL of Itemized Independent Exper	nditures				114.06
(b) SUBTOTAL of Unitemized Independent Ex	penditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized commit				
Leah Anne Anne Brown Signature		Da	tte 0 4		Y Y Y Y Y 2006

TEMIZED INDEPENDENT EXP	ENDITURES	PAGE 41 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Swing the Vote		FEC IDENTIFICATION NUMBER ▼ C C00401919
Check if 24-hour notice 48-hou	ur notice	C C00401919
Full Name (Last, First, Middle, Initial) of Payee		Date
Verizon		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
P.O. Box 1		106.06
City	State Zip Code	Transaction ID: SE24.4673
Worcester	MA 01654-0001	Office Sought: House State:
Purpose of Expenditure voice mail service on toll-free number	Category/ Type 001	Senate District: Presidential
Name of Federal Candidate supported or Opp	osed by expenditure:	Check One: Support X Oppose
	, .	Birth and Free District V. Occurt. 2009
		Disbursement For: Primary X General 2006
Calendar Year-To-Date Per Election	1665.64	Other (specify) :
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee	3	Date
Verizon		10 D / Y Y Y Y Y Y 2005
Mailing Address		Amount
P.O. Box 1		52.94
City	State Zip Code	Transaction ID: SE24.4679
City Worcester	State Zip Code MA 01654-0001	Office Sought: House State:
Purpose of Expenditure		Senate District:
voice mail service on toll-free number	Category/ Type 001	Presidential
Name of Federal Candidate supported or Opp	osed by expenditure:	Check One: Support X Oppose
		Disbursement For: Primary X General 2006
		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	2096.55	
(a) SUBTOTAL of Itemized Independent Expend	litures	159.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures	0.00
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent		
or at the request or suggestion of, any candidate or at committee) any political party committee or its agent.	uthorized committee or agent of either, or (if the	reporting entity is not a political party
Leah Anne Anne Brown	Date 04	11 2006
Signature		

ITEMIZED INDEPENDENT EXPENDITUI	RES		PAGE 42 / 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		EEC	IDENTIFICATION NUMBER
Swing the Vote			C00401919
Check if 24-hour notice 48-hour notice		C	C00401313
Full Name (Last, First, Middle, Initial) of Payee		Date	
Verizon			D / Y Y Y Y Y Y Y 2 0 0 5
Mailing Address		Amount	
P.O. Box 1			210.40
City State	e Zip Code	Transaction ID:	
Worcester MA	01654-0001	Office Sought:	House State:
Purpose of Expenditure see Perkins in-kind 12/31/05	Category/ Type 001		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expe		Check One: X	Support Oppose
		Disbursement For:	Primary X General 2006
			ecify):
Calendar Year-To-Date Per Election for Office Sought	0.00	[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee		Date	
Wal-Mart			D / Y Y Y Y Y Y Y 2 0 0 5
Mailing Address		Amount	
350 Winchester st		Transaction ID:	18.14
City State			1
Keene NH	03431	Office Sought:	House State: Senate District:
Purpose of Expenditure	Category/ 007		Presidential
see Perkins in-kind 9/1/05	Type 007		
Name of Federal Candidate supported or Opposed by expe	nditure:	Check One:	Support X Oppose
		Disbursement For:	Primary X General 2006
Calendar Year-To-Date Per Election		Other (spe	ecify) :
for Office Sought	0.00	[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			0.00
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
Leah Anne Anne Brown Signature	Date 04	D D Y Y Y 200	

NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
F	FEC IDENTIFICATION NUMBER
Swing the Vote	C C00401919
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee Date	
Wal-Mart 1,0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Mailing Address Amount	
350 Winchester st	34.78
City State Zip Code Transaction	ID: SE24.4819
Keene NH 03431 Office Sought:	
Purpose of Expenditure see Perkins in-kind exp 10/1/05 Category/ Type 007	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure: Check One:	Support X Oppose
Disbursement F	For: Primary X General 2006
Calendar Year-To-Date Per Election for Office Sought 0.00 [MEMO ITEN	(specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00
(c) TOTAL Independent Expenditures		3981.23
Under penalty of perjury I certify that the independent expenditure or at the request or suggestion of, any candidate or authorized co committee) any political party committee or its agent.	•	
Leah Anne Anne Brown	Date 0 4 1 1 2	7