

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Swing the Vote

ADDRESS (number and street) P.O. Box 716 Rindge NH 03461 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00401919 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Leah Anne Anne Brown Signature of Treasurer Electronically Filed by Leah Anne Anne Brown Date 04 11 2006

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Swing the Vote

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		4741.22
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	3257.13									
(c) Total Receipts (from Line 19)	1757.63	1847.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5014.76	6588.84								
7. Total Disbursements (from Line 31)	3981.23	5555.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1033.53	1033.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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**

Write or Type Committee Name
Swing the Vote

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	1488.27	1488.27
(i) Itemized (use Schedule A)	269.36	359.35
(ii) Unitemized	1757.63	1847.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1757.63	1847.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. 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
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1424.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1424.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	3981.23	4081.23
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) 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
29. Other Disbursements.....	0.00	50.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3981.23	5555.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3981.23	5555.31

DETAILED SUMMARY PAGE
of Disbursements

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
35. 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
37. 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Swing the Vote

A. Full Name (Last, First, Middle Initial)
T. Stephen Jones

Mailing Address 388 Middle St

City Amherst State MA Zip Code 01002

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	5

Transaction ID: SA11A1.4693

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Rutilious B. Perkins

Mailing Address 93 Pinedale Rd

City Athol State MA Zip Code 01331

FEC ID number of contributing federal political committee. **C**

Name of Employer HAP, Inc. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	5

Transaction ID: SA11A1.4798

Amount of Each Receipt this Period
108.10

in-kind: flyer holders, pens etc

C. Full Name (Last, First, Middle Initial)
Rutilious B. Perkins

Mailing Address 93 Pinedale Rd

City Athol State MA Zip Code 01331

FEC ID number of contributing federal political committee. **C**

Name of Employer HAP, Inc. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	5

Transaction ID: SA11A1.4802

Amount of Each Receipt this Period
34.78

in-kind: flyer holders for lit table

SUBTOTAL of Receipts This Page (optional)	▶	642.88
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Swing the Vote

A. Full Name (Last, First, Middle Initial)
Rutilious B. Perkins

Mailing Address 93 Pinedale Rd

City Athol State MA Zip Code 01331

FEC ID number of contributing federal political committee. **C**

Name of Employer HAP, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.4803

Amount of Each Receipt this Period
13.38

in-kind: duct tape for lit tables

B. Full Name (Last, First, Middle Initial)
Rutilious B. Perkins

Mailing Address 93 Pinedale Rd

City Athol State MA Zip Code 01331

FEC ID number of contributing federal political committee. **C**

Name of Employer HAP, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.4804

Amount of Each Receipt this Period
68.48

in-kind: clipboards, flye-r&sign holders

C. Full Name (Last, First, Middle Initial)
Rutilious B. Perkins

Mailing Address 93 Pinedale Rd

City Athol State MA Zip Code 01331

FEC ID number of contributing federal political committee. **C**

Name of Employer HAP, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.4805

Amount of Each Receipt this Period
38.06

in-kind: clipboards, flyer holdes

SUBTOTAL of Receipts This Page (optional) ▶ **119.92**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Swing the Vote

A. Full Name (Last, First, Middle Initial) Rutilious B. Perkins Mailing Address 93 Pinedale Rd City Athol State MA Zip Code 01331 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.4806 Amount of Each Receipt this Period <table border="1"> <tr> <td>15.17</td> </tr> </table> in-kind: pens, clips, flyer holders	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	5	15.17
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	4		2	0	0	5														
15.17																							
Name of Employer HAP, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>449.03</td> </tr> </table>		449.03																					
449.03																							

B. Full Name (Last, First, Middle Initial) Rutilious B. Perkins Mailing Address 93 Pinedale Rd City Athol State MA Zip Code 01331 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.4695 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> donation	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	5														
500.00																							
Name of Employer HAP, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>949.03</td> </tr> </table>		949.03																					
949.03																							

C. Full Name (Last, First, Middle Initial) Rutilious B. Perkins Mailing Address 93 Pinedale Rd City Athol State MA Zip Code 01331 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.4731 Amount of Each Receipt this Period <table border="1"> <tr> <td>210.30</td> </tr> </table> (IN-KIND) use of phone co. ans. service	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	5	210.30
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		3	1		2	0	0	5														
210.30																							
Name of Employer HAP, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1159.33</td> </tr> </table>		1159.33																					
1159.33																							

SUBTOTAL of Receipts This Page (optional)	725.47
TOTAL This Period (last page this line number only)	1488.27

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Aubuchon Paint & Hardware

Mailing Address
Roxbury St

City Keene	State NH	Zip Code 03431
---------------	-------------	-------------------

Purpose of Expenditure see Perkins in-kind exp 10/1/05	Category/ Type 007
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Amount
13.38

Transaction ID: SE24.4816

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Mailing Address
47 Delle Ave #3

City Roxbury	State MA	Zip Code 02120
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Purpose of Expenditure reimburse meeting su- ppl - paper, markers	Category/ Type 006
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Amount
71.85

Transaction ID: SE24.4785

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 464.34

(a) SUBTOTAL of Itemized Independent Expenditures	71.85
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
48.28

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4786
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse - forms to print bus. cards

Category/Type
006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
512.62

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
49.64

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4787
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing suppl - paper

Category/Type
007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
562.26

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	97.92
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
62.81

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4788
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 625.07

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
82.94

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4789
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - toner

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 708.01

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	145.75
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
15.69

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4790
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 723.70

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
238.43

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4791
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - toner

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 962.13

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	254.12
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Mailing Address
47 Delle Ave #3

City Roxbury	State MA	Zip Code 02120
-----------------	-------------	-------------------

Purpose of Expenditure reimb for laser printer	Category/ Type 001
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	2922.83
---	---------

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Amount
209.98

Transaction ID: SE24.4687

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Mailing Address
47 Delle Ave #3

City Roxbury	State MA	Zip Code 02120
-----------------	-------------	-------------------

Purpose of Expenditure reimburse printing supplies - paper	Category/ Type 006
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	2950.12
---	---------

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Amount
27.29

Transaction ID: SE24.4691

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	237.27
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
221.75

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4777
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printer su-
ppl - toner

Category/
Type 006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 3314.37

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
104.99

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4778
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse - drum for
printer

Category/
Type 006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 3419.36

(a) SUBTOTAL of Itemized Independent Expenditures	326.74
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
23.06

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4780
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3442.42

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
129.98

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4781
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3572.40

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	153.04
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
101.12

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4782
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3673.52

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
39.89

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4784
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse - table for
lit table

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3713.41

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	141.01
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
111.22

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4794
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimburse printing
suppl - paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3824.63

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Leah Anne Anne Brown

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
47 Delle Ave #3

Amount
46.20

City State Zip Code
Roxbury MA 02120

Transaction ID: SE24.4842
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
reimb: printing suppl
- paper

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3870.83

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	157.42
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Bonnie Carroll

Mailing Address
147 MacLean Rd

City Alstead	State NH	Zip Code 03602
-----------------	-------------	-------------------

Purpose of Expenditure reimburse: advertising for speaking tour	Category/Type 007
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	3092.62
--	---------

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Amount
142.50

Transaction ID: SE24.4692

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
John Friede

Mailing Address
4 Oak St

City Peterborough	State NH	Zip Code 03458
----------------------	-------------	-------------------

Purpose of Expenditure reimb fees to library for film series	Category/Type 007
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	2216.55
--	---------

Date
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Amount
120.00

Transaction ID: SE24.4680

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	262.50
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Home Depot

Mailing Address
179 Daggett Dr

City West Springfield	State MA	Zip Code 01089
--------------------------	-------------	-------------------

Purpose of Expenditure see Perkins in-kind exp. 9/9/05	Category/ Type 007
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Amount
8.63

Transaction ID: SE24.4824

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Dahr Jamail

Mailing Address

City Anchorage	State AK	Zip Code
-------------------	-------------	----------

Purpose of Expenditure Honorarium for lectu- re	Category/ Type 007
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Amount
50.00

Transaction ID: SE24.4677

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 2043.61

(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MicroCenter

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Mailing Address
730 Memorial Dr

Amount
104.99

City State Zip Code
Cambridge MA 02139

Transaction ID: SE24.4857
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
12/30/05

Category/
Type 006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Monadnock Shopper

Date
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 5

Mailing Address
445 West St

Amount
142.50

City State Zip Code
Keene NH 03431

Transaction ID: SE24.4835
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Carroll reimburse
12/30/05

Category/
Type 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mothers Uniting

Mailing Address
P.O. Box 354
Emerald St

City Keene	State NH	Zip Code 03431
---------------	-------------	-------------------

Purpose of Expenditure Fe for literature table at event	Category/Type 007
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Amount
50.00

Transaction ID: SE24.4674

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
1993.61

Full Name (Last, First, Middle, Initial) of Payee
Office Max

Mailing Address
8-C Allstate Rd

City Dorchester	State MA	Zip Code 02125
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Purpose of Expenditure see reimb Brown 7/19-05	Category/Type 006
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Amount
71.85

Transaction ID: SE24.4847

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Office Max

Mailing Address
135 Memorial Ave

City State Zip Code
West Springfield MA

Purpose of Expenditure
see Perkins in-kind
10/7/05

Category/Type **007**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Amount
68.48

Transaction ID: SE24.4814

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Office Max

Mailing Address
135 Memorial Ave

City State Zip Code
West Springfield MA

Purpose of Expenditure
see Perkins in-kind
exp 10/14/05

Category/Type **007**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Amount
38.06

Transaction ID: SE24.4809

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Office Max

Mailing Address
8-C Allstate Rd

City Dorchester	State MA	Zip Code 02125
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Purpose of Expenditure
see reimburse Brown
12/30/05

Category/
Type **007**

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 5

Amount
23.06

Transaction ID: SE24.4858

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought **0.00**

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Mailing Address
93 Pinedale Rd

City Athol	State MA	Zip Code 01331
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Purpose of Expenditure
in-kind: sign suppli-
es

Category/
Type **007**

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Amount
18.14

Transaction ID: SE24.4821

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought **980.27**

(a) SUBTOTAL of Itemized Independent Expenditures	18.14
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date **0 4 / 1 1 / 2 0 0 6**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
8.63

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4823
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: duct tape
for lit tables

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 1456.99

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
45.14

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4827
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: table for
lit table use

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 1502.13

(a) SUBTOTAL of Itemized Independent Expenditures 53.77

(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
57.45

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4829
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: markers, sign holders

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
1559.58

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
13.38

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4815
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: duct tape for lit tables

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
1679.02

(a) SUBTOTAL of Itemized Independent Expenditures 70.83

(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
34.78

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4818
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: flyer holders for lit tables

Category/Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 1713.80

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
108.10

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4831
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: table, flyer holders, pens

Category/Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 1821.90

(a) SUBTOTAL of Itemized Independent Expenditures	142.88
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Mailing Address
93 Pinedale Rd

City Athol	State MA	Zip Code 01331
---------------	-------------	-------------------

Purpose of Expenditure
in-kind: clipbds, flyer&sign holders

Category/Type **007**

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Amount
68.48

Transaction ID: SE24.4813

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought **1890.38**

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Mailing Address
93 Pinedale Rd

City Athol	State MA	Zip Code 01331
---------------	-------------	-------------------

Purpose of Expenditure
in-kind: pens, clips, flyer holders

Category/Type **006**

Name of Federal Candidate supported or Opposed by expenditure:

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Amount
15.17

Transaction ID: SE24.4807

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought **1905.55**

(a) SUBTOTAL of Itemized Independent Expenditures	83.65
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date **0 4 / 1 1 / 2 0 0 6**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
38.06

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4812
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
in-kind: clipboards,
flyer holders

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1943.61

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Rutilious B. Perkins

Date
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Mailing Address
93 Pinedale Rd

Amount
210.40

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4863
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
(IN-KIND) use of pho-
ne co. ans. service

Category/
Type 001

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4081.23

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	248.46
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Peterborough Public Library

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	5

Mailing Address
2 Concord St

Amount

120.00

City	State	Zip Code
Peterborough	NH	03458

Transaction ID: SE24.4837

Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure see Friede reimburse 10/29/05	Category/ Type	007
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Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	0.00
---	------

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Red Sun Press

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	5

Mailing Address
94 Green St

Amount

46.20

City	State	Zip Code
Jamaica Plain	MA	02130

Transaction ID: SE24.4843

Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure see Brown reimburse 12/30/05	Category/ Type	007
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Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Date
M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Mailing Address
3368 Washington St

Amount
238.43

City State Zip Code
Jamiaca Plain MA 02130

Transaction ID: SE24.4665
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Printer supplies - toner

Category/Type
006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 338.43

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Date
M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Mailing Address
3368 Washington St

Amount
238.43

City State Zip Code
Jamiaca Plain MA 02130

Transaction ID: SE24.4852
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown 7/19/05

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	238.43
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Mailing Address
3368 Washington St

City Jamiaca Plain	State MA	Zip Code 02130
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Purpose of Expenditure printer supplies - toner	Category/Type 006
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Name of Federal Candidate supported or Opposed by expenditure:

Date
MM / DD / YYYY
09 / 08 / 2005

Amount
468.09

Transaction ID: SE24.4672

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
1448.36

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Mailing Address
3368 Washington St

City Jamiaca Plain	State MA	Zip Code 02130
-----------------------	-------------	-------------------

Purpose of Expenditure see reimburse Brown 12/30/05	Category/Type 007
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

Date
MM / DD / YYYY
10 / 04 / 2005

Amount
221.75

Transaction ID: SE24.4853

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	468.09
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date MM / DD / YYYY
04 / 11 / 2006

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Date
M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Mailing Address
3368 Washington St

Amount
221.34

City State Zip Code
Jamiaca Plain MA 02130

Transaction ID: SE24.4682
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
printer supplies - toner

Category/Type
006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2437.89

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Roxbury Technology

Date
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Mailing Address
3368 Washington St

Amount
214.96

City State Zip Code
Jamiaca Plain MA 02130

Transaction ID: SE24.4683
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
printer supplies - toner

Category/Type
006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2652.85

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	436.30
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples

Mailing Address
52 Pearson Blvd

City State Zip Code
Gardner MA

Purpose of Expenditure
see reimb Brown 7/19-
/05

Category/
Type 006

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought 0.00

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Amount
48.28

Transaction ID: SE24.4848

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples

Mailing Address
52 Pearson Blvd

City State Zip Code
Gardner MA

Purpose of Expenditure
see reimburse Brown
7/19/05

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought 0.00

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Amount
49.64

Transaction ID: SE24.4849

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Mailing Address
1129 Riverdale Rd

Amount
45.14

City State Zip Code
West Springfield MA 01089

Transaction ID: SE24.4828
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Perkins in-kind
exp 9/9/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples

Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 5

Mailing Address
1129 Riverdale Rd

Amount
57.45

City State Zip Code
West Springfield MA 01089

Transaction ID: SE24.4830
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Perkins in-kind
exp 9/9/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples

Mailing Address
63 Key Rd

City Keene	State NH	Zip Code 03431
---------------	-------------	-------------------

Purpose of Expenditure see Perkins in-kind 10/1/05	Category/ Type 007
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Amount
108.10

Transaction ID: SE24.4834

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples

Mailing Address
52 Pearson Blvd

City Gardner	State MA	Zip Code
-----------------	-------------	----------

Purpose of Expenditure see Perkins in-kind exp 10/14/05	Category/ Type 006
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Amount
15.17

Transaction ID: SE24.4808

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Mailing Address
Putnam

Amount
15.69

City State Zip Code
Putnam CT

Transaction ID: SE24.4850
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
7/19/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Mailing Address
Putnam

Amount
82.94

City State Zip Code
Putnam CT

Transaction ID: SE24.4851
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
7/19/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 5

Mailing Address
Putnam

Amount
62.81

City State Zip Code
Putnam CT

Transaction ID: SE24.4862
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
7/19/05

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 5

Mailing Address
Putnam

Amount
101.12

City State Zip Code
Putnam CT

Transaction ID: SE24.4860
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
12/30/05

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 5

Mailing Address
Putnam

Amount
111.22

City State Zip Code
Putnam CT

Transaction ID: SE24.4861
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see reimburse Brown
12/30/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 5

Mailing Address
Putnam

Amount
39.89

City State Zip Code
Putnam CT

Transaction ID: SE24.4839
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Brown Reimburse
12/30/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 5

Mailing Address
Putnam

Amount
27.29

City State Zip Code
Putnam CT

Transaction ID: SE24.4841

Purpose of Expenditure
see Brown reimburse
12/30/05

Category/
Type 006

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 0.00

Disbursement For: Primary General 2006

Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Staples.com

Date
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 5

Mailing Address
Putnam

Amount
129.98

City State Zip Code
Putnam CT

Transaction ID: SE24.4859

Purpose of Expenditure
see reimburse Brown
12/30/05

Category/
Type 007

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 0.00

Disbursement For: Primary General 2006

Other (specify) : _____

[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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Town of Salem, NH

Date
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Mailing Address
33 Geremonty Dr

Amount
60.00

City State Zip Code
Salem NH 03079

Transaction ID: SE24.4684
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
town voter list, for preparing canvass

Category/Type
007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
2712.85

Full Name (Last, First, Middle, Initial) of Payee
Verizon

Date
M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 5

Mailing Address
P.O. Box 1

Amount
54.06

City State Zip Code
Worcester MA 01654-0001

Transaction ID: SE24.4670
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
voice mail service on toll-free number

Category/Type
001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
392.49

(a) SUBTOTAL of Itemized Independent Expenditures	114.06
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Verizon

Date
M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 5

Mailing Address
P.O. Box 1

Amount
106.06

City Worcester State MA Zip Code 01654-0001

Transaction ID: SE24.4673
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
voice mail service on toll-free number
Category/Type 001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 1665.64

Full Name (Last, First, Middle, Initial) of Payee
Verizon

Date
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Mailing Address
P.O. Box 1

Amount
52.94

City Worcester State MA Zip Code 01654-0001

Transaction ID: SE24.4679
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
voice mail service on toll-free number
Category/Type 001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 2096.55

(a) SUBTOTAL of Itemized Independent Expenditures	159.00
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote	FEC IDENTIFICATION NUMBER C C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Verizon

Date
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Mailing Address
P.O. Box 1

Amount
210.40

City State Zip Code
Worcester MA 01654-0001

Transaction ID: SE24.4864
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Perkins in-kind
12/31/05

Category/
Type 001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Wal-Mart

Date
M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Mailing Address
350 Winchester st

Amount
18.14

City State Zip Code
Keene NH 03431

Transaction ID: SE24.4822
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
see Perkins in-kind
9/1/05

Category/
Type 007

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Leah Anne Anne Brown
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Swing the Vote		FEC IDENTIFICATION NUMBER C C00401919	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Full Name (Last, First, Middle, Initial) of Payee Wal-Mart		Amount 34.78	
Mailing Address 350 Winchester st		Transaction ID: SE24.4819	
City Keene	State NH	Zip Code 03431	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure see Perkins in-kind exp 10/1/05		Category/ Type	007
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		0.00	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
		[MEMO ITEM]	

(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 expenditures reported herein were not made 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 reporting entity is not a political party committee) any political party committee or its agent.	
Leah Anne Anne Brown Signature	Date M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6