

**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

Check if different than previously reported. (ACC)

Rindge

NH

03461

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00401919

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

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

01

31

2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Swing the Vote

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		4741.22
(b) Cash on Hand at Beginning of Reporting Period .....	3257.13	
(c) Total Receipts (from Line 19) .....	1756.63	1846.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5013.76	6587.84
<hr/>		
7. Total Disbursements (from Line 31) .....	3981.13	5555.21
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1032.63	1032.63
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Swing the Vote

Report Covering the Period: From: <sup>M</sup>07 <sup>Y</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>Y</sup>31 <sup>Y</sup>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) .....	1487.27	1487.27
(ii) Unitemized .....	269.36	359.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1756.63	1846.62
(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) .....	1756.63	1846.62
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)) .....	1756.63	1846.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1756.63	1846.62

**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).....	3981.13	4081.13
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 ActMty (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))..	3981.13	5555.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	3981.13	5555.21

**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) .....	1756.63	1846.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1756.63	1846.62
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: PAGE 6 / 21

(check only one)

<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
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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

Full Name (Last, First, Middle Initial) A. T. Stephen Jones		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 388 Middle St		Transaction ID: SA11A1.4693
City Amherst	State MA	Zip Code 01002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation consultant	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rutikous B. Perkins		Date of Receipt M / D / Y 10 / 01 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4727
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 156.26
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) supplies
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 327.32	

Full Name (Last, First, Middle Initial) C. Rutikous B. Perkins		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4728
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 68.48
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) supplies
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.80	

SUBTOTAL of Receipts This Page (optional) .....	<b>724.74</b>
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: PAGE 7 / 21

(check only one)

<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
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NAME OF COMMITTEE (In Full)  
Swing the Vote

Full Name (Last, First, Middle Initial) <b>A. Rutlous B. Perkins</b>		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4729
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.06
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 433.86	

Full Name (Last, First, Middle Initial) <b>B. Rutlous B. Perkins</b>		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4730
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 14.17
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 448.03	

Full Name (Last, First, Middle Initial) <b>C. Rutlous B. Perkins</b>		Date of Receipt M / D / Y 10 / 15 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4895
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 948.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>552.23</b>
<b>TOTAL</b> 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: PAGE 8 / 21

(check only one)

<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
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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

Full Name (Last, First, Middle Initial) A. Rufius B. Perkins		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4731
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.30
Name of Employer HAP, Inc.	Occupation Attorney	(IN-KIND) use of phone co. ans. service
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1158.33	

SUBTOTAL of Receipts This Page (optional) .....	▶	210.30
TOTAL This Period (last page this line number only) .....	▶	1487.27



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

PAGE 9/21  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> C00401919		
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice		Date M / D / Y 07 / 19 / 2005	Amount 569.64	
Full Name (Last, First, Middle, Initial) of Payee Leah Anne Anne Brown			Transaction ID: SE24.4671		
Mailing Address 47 Delle Ave #3			Office Sought: House State: _____ Senate District: _____ Presidential		
City Roxbury	State MA	Zip Code 02120	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure reimburse		Category/ Type 006	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure:					
Calendar Year-To-Date Per Election for Office Sought		962.13			

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Anne Brown			Date M / D / Y 12 / 30 / 2005		
Mailing Address 47 Delle Ave #3			Amount 326.74		
Transaction ID: SE24.4686			Office Sought: House State: _____ Senate District: _____ Presidential		
City Roxbury	State MA	Zip Code 02120	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure reimb printer suppli- es		Category/ Type 006	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure:					
Calendar Year-To-Date Per Election for Office Sought		3039.59			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>896.38</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> 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 / D / Y 01 / 31 / 2006

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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> 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 2 / 3 0 / 2 0 0 5	
Full Name (Last, First, Middle, Initial) of Payee Leah Anne Anne Brown			Amount	209.98	
Mailing Address 47 Delle Ave #3			Transaction ID: SE24.4687		
City Roxbury	State MA	Zip Code 02120	Office Sought:	House	State: _____
Purpose of Expenditure reimb for printer				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
			Other (specify): _____		
3249.57					

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	365.38	
Transaction ID: SE24.4688					
City Roxbury	State MA	Zip Code 02120	Office Sought:	House	State: _____
Purpose of Expenditure reimburse for printing supplies				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
			Other (specify): _____		
3614.95					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>575.36</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> 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 1 / 3 1 / 2 0 0 6

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

NAME OF COMMITTEE (In Full)  
Swing the Vote

FED IDENTIFICATION NUMBER  
**C** C00401919

Check if  24-hour notice  48-hour notice

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

Date  
M N / D L / 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: SE24.4689  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure Category/ Type  
reimburse for paper purchase 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 3661.15

Disbursement For: Primary  General  2006  
Other (specify): \_\_\_\_\_

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

Date  
M N / D L / 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: SE24.4680  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure Category/ Type  
reimburse for supplies 007

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 3701.04

Disbursement For: Primary  General  2006  
Other (specify): \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>86.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(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 N / D L / Y Y Y  
0 1 / 3 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  24-hour notice  48-hour notice

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

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

Mailing Address  
47 Della Ave #3

Amount  
27.29

City State Zip Code  
Roxbury MA 02120

Transaction ID: SE24.4691  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure  
reimburse for paper 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 3728.33

Disbursement For: Primary  General  2006  
Other (specify): \_\_\_\_\_

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

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

Mailing Address  
147 MacLean Rd

Amount  
142.50

City State Zip Code  
Alstead NH 03802

Transaction ID: SE24.4692  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure  
reimburse for advertising expense 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 .....	<b>169.79</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(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 N / D E / Y Y Y  
0 1 / 3 1 / 2 0 0 6



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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> C00401919		
Check If      24-hour notice      48-hour notice Full Name (Last, First, Middle, Initial) of Payee Mothers Uniting			Date M N / D E / Y Y Y 1 0 / 2 9 / 2 0 0 5		
Mailing Address P.O. Box 354 Emerald St			Amount  50.00		
City Keene	State NH	Zip Code 03431	Transaction ID: SE24.4674		
Purpose of Expenditure Literature table fee			Office Sought:    House      State: _____ Senate      District: _____ Presidential		
Name of Federal Candidate supported or Opposed by expenditure:			Check One:      Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:    Primary <input checked="" type="checkbox"/> General    2006 Other (specify): _____		
1993.61					

Full Name (Last, First, Middle, Initial) of Payee Rufibus B. Perkins			Date M N / D E / Y Y Y 0 9 / 0 1 / 2 0 0 5		
Mailing Address 93 Pinedale Rd			Amount  18.14		
City Athol	State MA	Zip Code 01331	Transaction ID: SE24.4718		
Purpose of Expenditure (IN-KIND) supplies			Office Sought:    House      State: _____ Senate      District: _____ Presidential		
Name of Federal Candidate supported or Opposed by expenditure:			Check One:      Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:    Primary <input checked="" type="checkbox"/> General    2006 Other (specify): _____		
980.27					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>68.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> 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 N      J U      S V Y Y 0 1      3 1      2 0 0 6

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

NAME OF COMMITTEE (In Full)  
Swing the Vote

FED IDENTIFICATION NUMBER  
**C** C00401919

Check if  24-hour notice  48-hour notice

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

Date  
M / D / Y  
09 / 09 / 2005

Mailing Address  
93 Pinedale Rd

Amount  
111.22

City State Zip Code  
Athol MA 01331

Transaction ID: SE24.4719  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure (IN-KIND) supplies  
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  
Rutilius B. Perkins

Date  
M / D / Y  
10 / 01 / 2005

Mailing Address  
93 Pinedale Rd

Amount  
156.26

City State Zip Code  
Athol MA 01331

Transaction ID: SE24.4720  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure (IN-KIND) supplies  
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>267.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures .....	
<p>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.</p>	
Leah Anne Anne Brown _____ Signature	Date M / D / Y 01 / 31 / 2006

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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> 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 7 / 2 0 0 5	
Full Name (Last, First, Middle, Initial) of Payee Rutilius B. Perkins			Amount	68.48	
Mailing Address 93 Pinedale Rd			Transaction ID: SE24.4721		
City Athol	State MA	Zip Code 01331	Office Sought:	House	State: _____
Purpose of Expenditure (IN-KIND) supplies				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
1850.38			Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Rutilius 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	
Transaction ID: SE24.4722					
City Athol	State MA	Zip Code 01331	Office Sought:	House	State: _____
Purpose of Expenditure (IN-KIND) supplies				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
1928.44			Other (specify): _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>106.54</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> 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 1 / 3 1 / 2 0 0 6



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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> C00401919		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Rutillus B. Perkins			Date M N / D L / Y Y Y 1 0 / 1 4 / 2 0 0 5		
Mailing Address 93 Pinedale Rd			Amount 15.17		
City Athol		State MA	Transaction ID: SE24.4723		
Zip Code 01331		Office Sought: House State: _____ Senate District: _____ Presidential			
Purpose of Expenditure (IN-KIND) supplies			Category/Type 006		
Name of Federal Candidate supported or Opposed by expenditure:			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
Amount 1943.61					

Full Name (Last, First, Middle, Initial) of Payee Rutillus B. Perkins			Date M N / D L / Y Y Y 1 2 / 3 1 / 2 0 0 5		
Mailing Address 93 Pinedale Rd			Amount 210.30		
City Athol		State MA	Transaction ID: SE24.4732		
Zip Code 01331		Office Sought: House State: _____ Senate District: _____ Presidential			
Purpose of Expenditure (IN-KIND) use of phone co. ans. service			Category/Type 001		
Name of Federal Candidate supported or Opposed by expenditure:			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
Amount 4081.13					

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>225.47</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(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 N / D L / Y Y Y 0 1 / 3 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  24-hour notice  48-hour notice

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

Date  
M / D / Y  
07 / 08 / 2005

Mailing Address  
3368 Washington St

Amount  
238.43

City State Zip Code  
Jamaica Plain MA 02130

Transaction ID: SE24.4685  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure Category/ Type  
Printer supplies 006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support  Oppose

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

Disbursement For: Primary  General  2006  
Other (specify): \_\_\_\_\_

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

Date  
M / D / Y  
08 / 08 / 2005

Mailing Address  
3368 Washington St

Amount  
468.09

City State Zip Code  
Jamaica Plain MA 02130

Transaction ID: SE24.4672  
Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
Presidential

Purpose of Expenditure Category/ Type  
printer supplies 006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support  Oppose

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

Disbursement For: Primary  General  2006  
Other (specify): \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>706.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures .....	
<p>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.</p>	
Leah Anne Anne Brown _____ Signature	Date M / D / Y 01 / 31 / 2006



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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> 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 2 / 3 0 / 2 0 0 5	
Full Name (Last, First, Middle, Initial) of Payee Town of Salem, NH			Amount	60.00	
Mailing Address 33 Geremonty Dr			Transaction ID: SE24.4684		
City Salem	State NH	Zip Code 03079	Office Sought:	House	State: _____
Purpose of Expenditure town voter list				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
2712.85			Other (specify): _____		

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	
Transaction ID: SE24.4670					
City Worcester	State MA	Zip Code 01654-0001	Office Sought:	House	State: _____
Purpose of Expenditure				Senate	District: _____
				Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	<input checked="" type="checkbox"/> General 2006
392.49			Other (specify): _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>114.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> 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	Date
Signature	M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6

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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> C00401919		
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice		Date M / D / Y 09 / 13 / 2005	Amount 106.06	
Full Name (Last, First, Middle, Initial) of Payee Verizon			Transaction ID: SE24.4673		
Mailing Address P.O. Box 1			Office Sought: House State: _____ Senate District: _____ Presidential		
City Worcester	State MA	Zip Code 01654-0001	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure		Category/ Type	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
		001			
Name of Federal Candidate supported or Opposed by expenditure:					
Calendar Year-To-Date Per Election for Office Sought		1665.64			

Full Name (Last, First, Middle, Initial) of Payee Verizon			Date M / D / Y 10 / 29 / 2005		
Mailing Address P.O. Box 1			Amount 52.94		
Transaction ID: SE24.4678			Office Sought: House State: _____ Senate District: _____ Presidential		
City Worcester	State MA	Zip Code 01654-0001	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure		Category/ Type	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2006 Other (specify): _____		
		001			
Name of Federal Candidate supported or Opposed by expenditure:					
Calendar Year-To-Date Per Election for Office Sought		2096.55			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>159.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures .....	<b>3981.13</b>
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 / D / Y 01 / 31 / 2006