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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 2FE4M5

SWING THE VOTE

ADDRESS (number and street) PO 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 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)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on _____ in the State of _____

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on _____ in the State of _____

5. Covering Period 02 15 2004 through 06 30 2004

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 BROWN

Signature of Treasurer *Leah Anne Brown*

Date 07 15 2004

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: **02 15 2004** To: **06 30 2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		0
(b) Cash on Hand at Beginning of Reporting Period	0	
(c) Total Receipts (from Line 19)	1,037.75	1,037.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,037.75	1,037.75
7. Total Disbursements (from Line 31)	696.14	696.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	341.61	341.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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:

02 15 2004

To:

06 30 2004

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)	381.53	
(ii) Unitemized	656.22	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1,037.75	1,037.75
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	1,037.75	1,037.75
12. Transfers From Affiliated/Other		
Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	1,037.75	1,037.75
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	1,037.75	1,037.75

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431120))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	696.14	696.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	696.14	696.14

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)	1,037.75	1,037.75
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	-341.61	-341.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 36 from Line 35)	-341.61	-341.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 3

(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)

A. PERKINS, RUTHIOUS B.

Mailing Address

93 PINEDALE RD.

City

ATHOL

State

MA

Zip Code

01331

FEC ID number of contributing federal political committee

C

Name of Employer

H.A.P. INC.

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

381.53

Date of Receipt

05 25 2004

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. PERKINS, RUTHIOUS B.

Mailing Address

93 PINEDALE RD.

City

ATHOL

State

MA

Zip Code

01331

FEC ID number of contributing federal political committee

C

Name of Employer

H.A.P. INC.

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

381.53

Date of Receipt

05 28 2004

Amount of Each Receipt this Period

1.50

(COPIES) IN-KIND

Full Name (Last, First, Middle Initial)

C. PERKINS, RUTHIOUS B.

Mailing Address

93 PINEDALE RD.

City

ATHOL

State

MA

Zip Code

01331

FEC ID number of contributing federal political committee

C

Name of Employer

H.A.P. INC.

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

381.53

Date of Receipt

04 03 2004

Amount of Each Receipt this Period

2.40

(POSTAGE) IN-KIND

SUBTOTAL of Receipts This Page (optional)

203.90

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 2 OF 3	
<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) A. PERKINS, RUTHOUS B.		Date of Receipt 05 28 2004
Mailing Address 93 PINEDALE RD.		Amount of Each Receipt this Period 2058 (BANNER MATERIALS) IN-KIND
City ATHOL	State MA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 381.53
Name of Employer H.A.P. INC.	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.53	

Full Name (Last, First, Middle Initial) B. PERKINS, RUTHOUS B.		Date of Receipt 05 30 2004
Mailing Address 93 PINEDALE RD.		Amount of Each Receipt this Period 1.89 (COPIES) IN-KIND
City ATHOL	State MA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 381.53
Name of Employer H.A.P. INC.	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.53	

Full Name (Last, First, Middle Initial) C. PERKINS, RUTHOUS B.		Date of Receipt 06 05 2004
Mailing Address 93 PINEDALE RD.		Amount of Each Receipt this Period 9.45 IN-KIND (COPIES)
City ATHOL	State MA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 381.53
Name of Employer H.A.P. INC.	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.53	

SUBTOTAL of Receipts This Page (optional) ▶

3192

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
SWING THE VOTE

Full Name (Last, First, Middle Initial)
A. PERKINS, RUTLILOUS B.

Mailing Address
93 PINEDALE RD.

City **ATHOL** State **MA** Zip Code **01331**

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

Name of Employer: **H.A.P. INC.** Occupation: **ATTORNEY**

Receipt For: Primary General Other (specify) **IN-KIND (COPIES)**

Aggregate Year-to-Date: **381.53**

Date of Receipt: **06 06 2004**

Amount of Each Receipt this Period: **294**

Full Name (Last, First, Middle Initial)
B. PERKINS, RUTLILOUS B.

Mailing Address
93 PINEDALE RD.

City **ATHOL** State **MA** Zip Code **01331**

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

Name of Employer: **H.A.P. INC.** Occupation: **ATTORNEY**

Receipt For: Primary General Other (specify) **IN-KIND (COPIES)**

Aggregate Year-to-Date: **381.53**

Date of Receipt: **06 10 2004**

Amount of Each Receipt this Period: **2.57**

Full Name (Last, First, Middle Initial)
C. PERKINS, RUTLILOUS B.

Mailing Address
93 PINEDALE RD.

City **ATHOL** State **MA** Zip Code **01331**

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

Name of Employer: **H.A.P. INC.** Occupation: **ATTORNEY**

Receipt For: Primary General Other (specify) **IN-KIND (VALUE OF VOICE MAIL 4 MONTHS)**

Aggregate Year-to-Date: **381.53**

Date of Receipt: **06 30 2004**

Amount of Each Receipt this Period: **140.20**

SUBTOTAL of Receipts This Page (optional) **145.71**

TOTAL This Period (last page this line number only) **381.53**

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1 OF 7	
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in Full)
SWING THE VOTE

Full Name (Last, First, Middle Initial)
A. ANDERSON, JOHN H.

Mailing Address
P.O. BOX 101

City **LAKE PLEASANT MA** State **MA** Zip Code **01347**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: **20.00**

Date of Receipt: **06 07 2004**

Amount of Each Receipt this Period: **20.00**

Full Name (Last, First, Middle Initial)
B. KAUBIN, JOY

Mailing Address
P.O. BOX 101

City **LAKE PLEASANT MA** State **MA** Zip Code **01347**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: **20.00**

Date of Receipt: **06 07 2004**

Amount of Each Receipt this Period: **20.00**

Full Name (Last, First, Middle Initial)
C. BLASID, MAUREEN

Mailing Address
67 NORCROSS RD.

City **ROYALSTON MA** State **MA** Zip Code **01368**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: **36.95**

Date of Receipt: **05 23 2004**

Amount of Each Receipt this Period: **21.29**

**IN-KIND
(BANNER MATERIALS)**

SUBTOTAL of Receipts This Page (optional): **61.29**

TOTAL This Period (last page this line number only): **61.29**

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **7**

<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)

A. BLASCO, MAUREEN

Mailing Address

67 NORCROSS RD.

City

ROYALSTON

State

MA

Zip Code

01368

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

36.95

Date of Receipt

06 06 2004

Amount of Each Receipt this Period

224

IN-KIND (COPIES)

Full Name (Last, First, Middle Initial)

B. BOURICIUS, BART

Mailing Address

32 MOUNTAIN VIEW CIRCLE

City

AMHERST

State

MA

Zip Code

01002

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

06 08 2004

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BROWN, LEAH ANNE

Mailing Address

16 CEDAR ST.

City

ROXBURY

State

MA

Zip Code

02119

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

29.24

Date of Receipt

04 18 2004

Amount of Each Receipt this Period

516

IN-KIND (COPIES)

SUBTOTAL of Receipts This Page (optional) ▶

2740

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 7	
	<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)
A. **BROWN, LEAH ANNE**

Mailing Address
16 CEDAR ST.

City **ROXBURY** State **MA** Zip Code **02119**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2924

Date of Receipt
03 19 2004

Amount of Each Receipt this Period
23.63

IN-KIND (COPIES)

Full Name (Last, First, Middle Initial)
B. **BROWN, LEAH ANNE**

Mailing Address
16 CEDAR ST

City **ROXBURY** State **MA** Zip Code **02119**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2924

Date of Receipt
06 08 2004

Amount of Each Receipt this Period
0.45

IN-KIND (COPIES)

Full Name (Last, First, Middle Initial)
C. **MURPHY, FRANK J.**

Mailing Address
119 GREENWOOD AVE.

City **KEENE** State **NH** Zip Code **03431**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600

Date of Receipt
06 08 2004

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

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

44.08

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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

A. Full Name (Last, First, Middle Initial)
MURPHY, FRANK J.

Mailing Address
119 GREENWOOD AVE.

City **KEENE** State **NH** Zip Code **03431**

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26.00

Date of Receipt
06 30 2004

Amount of Each Receipt this Period
6.00
IN-KIND (COPIES)

B. Full Name (Last, First, Middle Initial)
VAILLETTE, RICHARD

Mailing Address
3 W. MAIN ST.

City **WESTMINSTER** State **MA** Zip Code **01473**

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.31

Date of Receipt
05 28 2004

Amount of Each Receipt this Period
45.31
IN-KIND (BANNER MATERIALS)

C. Full Name (Last, First, Middle Initial)
VAILLETTE, SHERYL D.

Mailing Address
3 W. MAIN ST.

City **WESTMINSTER** State **MA** Zip Code **01473**

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.14

Date of Receipt
05 11 2004

Amount of Each Receipt this Period
80.14
IN-KIND (LONG-DISTANCE PHONE CALLS)

SUBTOTAL of Receipts This Page (optional) **131.45**

TOTAL This Period (last page this line number only) **131.45**

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 5 OF 7

<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)

A. WILLIAMSON, MIRYAM EHRlich

Mailing Address

162 OLD WINCHESTER RD.

City

WARWICK

State

MA

Zip Code

01378

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 25 2004

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. WILLIAM, MIRYAM EHRlich

Mailing Address

162 OLD WINCHESTER RD.

City

WARWICK

State

MA

Zip Code

01378

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 25 2004

Amount of Each Receipt this Period

25.00

IN-KIND
(PURCHASE OF TOWN VOTER LIST FOR WINCHESTER, NH)

Full Name (Last, First, Middle Initial)

C. SARGENT, KAREN

Mailing Address

BOX 58, 142 MAIN ST.

City

WESTMINSTER

State

MA

Zip Code

01473

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

22.00

Date of Receipt

06 19 2004

Amount of Each Receipt this Period

22.00

IN-KIND
(P.O. BOX RENTAL)

SUBTOTAL of Receipts This Page (optional) ▶

72.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 7
(check only one)
 11a 11b 11c 12
13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. **HARRIS, ELIZABETH M.**
Mailing Address
P.O. BOX 205
City State Zip Code
SPOFFORD NH 03462
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date
5000

Date of Receipt
06 04 2004
Amount of Each Receipt this Period
5000

Full Name (Last, First, Middle Initial)
B. **N/A**
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date

Date of Receipt
03 28 2004
Amount of Each Receipt this Period
50.00
CASH DONATIONS AT FIRST MEETING, KEENE, NH

Full Name (Last, First, Middle Initial)
C. **N/A**
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date

Date of Receipt
04 20 2004
Amount of Each Receipt this Period
13000
CASH DONATIONS AT SECOND MEETING, KEENE, NH

SUBTOTAL of Receipts This Page (optional) **23000**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>7</u> OF <u>7</u>
	<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) N/A

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 16 2004

Amount of Each Receipt this Period
9000

CASH DONATIONS AT THIRD MEETING, KEENE, NH

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	9000
TOTAL This Period (last page this line number only)	65622

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee ANDERSON, JOHN H.	Date 04 18 2004
Mailing Address P.O. BOX 101	Amount 3000
City State Zip Code LAKE PLEASANT MA 01347	
Purpose of Expenditure WEBSITE DOMAIN NAME	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3000	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ANDERSON, JOHN H.	Date 05 16 2004
Mailing Address P.O. BOX 101	Amount 10000
City State Zip Code LAKE PLEASANT MA 01347	
Purpose of Expenditure WEBSITE HOSTING	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13000	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Signature _____ Date **05 16 2004**

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

PAGE **2** OF **9**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER 000401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee FORREST, TERRY	Date 06 12 2004
Mailing Address 34 POMEROY LANE #5	Amount 103.39
City State Zip Code AMHERST MA 01002	
Purpose of Expenditure PAPER & PRINTER TONER	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senat <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10339	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KONIETZKO, KURT	Date 04 18 2004
Mailing Address 26 ELM ST.	Amount 25.00
City State Zip Code KEENE NH 03431	
Purpose of Expenditure REMB. FOR MEETING SPACE	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senat <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(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.

Signature _____	Date 06 12 2004
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SWING THE VOTE		FEC IDENTIFICATION NUMBER 000401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee KONIEZKO, KURT		Date 05/16/2004
Mailing Address 26 ELM ST.		Amount 2500
City KEENE	State NH	Zip Code 03431
Purpose of Expenditure REIMB. FOR MEETING SPACE	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senat: <input type="checkbox"/> District <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5000		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee BLASCO, MAUREEN		Date 05/23/2004
Mailing Address 67 NORCROSS RD.		Amount 2129
City ROYALSTON	State MA	Zip Code 01368
Purpose of Expenditure IN-KIND (BANNER MATERIALS)	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senat: <input type="checkbox"/> District <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2353		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Signature

Date

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

NAME OF COMMITTEE (in Full) SWING THE NOTE	FEC IDENTIFICATION NUMBER 000401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee BLASCO MAUREEN		Date 06 06 2004
Mailing Address 67 NORCROSS RD.		Amount 2.24
City ROYALSTON	State MA	
Purpose of Expenditure IN-KIND (COPIES)	Category/Type 0.06	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2353		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee BROWN, LEAH ANNE		Date 06 08 2004
Mailing Address 16 CEDAR ST.		Amount 29.24
City ROXBURY	State MA	
Purpose of Expenditure IN-KIND (COPIES)	Category/Type 0.06	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(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.

Signature _____

Date **06 06 2004**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SWING THE VOTE		FEC IDENTIFICATION NUMBER 000401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee MURPHY, FRANK J.		Date 06 30 2004
Mailing Address 119 GREENWOOD AVE.		Amount 6.00
City KEENE	State NH	Zip Code 03431
Purpose of Expenditure IN-KIND (COPIES)	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee JAILLETTE, RICHARD		Date 05 28 2004
Mailing Address 3 W. MAIN ST.		Amount 45.31
City WESTMINSTER	State MA	Zip Code 01473
Purpose of Expenditure IN-KIND (BANNER MATERIALS)	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 45.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(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.

Signature _____	Date MAY 28 2004
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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER 000401919
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee VALLETTE, SHERYL D.		Date 05 11 2004
Mailing Address 3 W. MAIN ST.		Amount 8014
City WESTMINSTER	State MA	
Purpose of Expenditure IN-KIND (PHONE CALLS)	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senat <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8014		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee WILLIAMSON, MIRYAM EARLICH		Date 05 25 2004
Mailing Address 162 OLD WINCHESTER RD.		Amount 2500
City WARWICK	State MA	
Purpose of Expenditure IN-KIND (VOTER LIST)	Category/Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senat <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2500		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(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.

Signature _____

Date **05 11 2004**

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

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee SARGENT, KAREN		Date 06/19/2004
Mailing Address Box 58, 142 MAIN ST.		Amount 22.00
City WESTMINSTER	State MA	Zip Code 01473
Purpose of Expenditure IN-KIND (P.O. BOX RENTAL)	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee PERKINS, RUTHOUS B.		Date 05/30/2004
Mailing Address 93 PINEDALE RD.		Amount 189.
City ATHOL	State MA	Zip Code 01331
Purpose of Expenditure IN-KIND (COPIES)	Category/Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 181.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(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.

Signature _____ Date **06/19/2004**

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

PAGE **8** OF **9**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER 000401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PERKINS, RUTHLOUS B.	Date 05 28 2004
Mailing Address 93 PINEDALE RD.	Amount 2058
City State Zip Code ATHOL MA 01331	
Purpose of Expenditure IN-KIND (BANNER SUPPLIES)	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 181.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee PERKINS, RUTHLOUS B.	Date 04 03 2004
Mailing Address 93 PINEDALE RD.	Amount 240
City State Zip Code ATHOL MA 01331	
Purpose of Expenditure IN-KIND (POSTAGE)	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 181.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(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.

Signature _____ Date **05 28 2004**

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

NAME OF COMMITTEE (In Full) SWING THE VOTE	FEC IDENTIFICATION NUMBER C00401919
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PERKINS, RUTHOUS B.	Date 06 10 2004
Mailing Address 93 PINEDALE RD.	Amount 1646
City State Zip Code ATHOL MA 01331	
Purpose of Expenditure IN-KIND (COPIES)	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	
Calendar Year-To-Date Per Election for Office Sought 18153	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PERKINS RUTHOUS B.	Date 06 30 2004
Mailing Address 93 PINEDALE RD.	Amount 14020
City State Zip Code ATHOL MA 01331	
Purpose of Expenditure IN-KIND (VALUE OF VOICE MAIL)	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE W. BUSH	
Calendar Year-To-Date Per Election for Office Sought 18153	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	69614
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	69614

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.

Signature *Trish Anne Brown* Date **07 15 2004**

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7-15-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ga</i> PREPARER (5/2004)	7-21-04 DATE PREPARED