

**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

10

01

2004

through

12

31

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

Electronically Filed by Leah Anne Brown

Date

01

31

2005

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: ^M10 ^D01 ^Y2004 To: ^M12 ^D31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		0.00
(b) Cash on Hand at Beginning of Reporting Period	3269.41	
(c) Total Receipts (from Line 19)	6460.39	12476.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9729.80	12476.21
7. Total Disbursements (from Line 31)	4988.58	7734.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4741.22	4741.22
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Swing the Vote

Report Covering the Period: From: ^M10 ⁻01 ⁻2004 To: ^M12 ⁻31 ⁻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)	4129.02	
(ii) Unitemized	2331.37	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6460.39	12473.36
(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)	6460.39	12473.36
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	2.85
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))	6460.39	12476.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6460.39	12476.21

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
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).....	4988.58	7734.99
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	0.00
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))..	4988.58	7734.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	4988.58	7734.99

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)	6460.39	12473.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6460.39	12473.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-2.85

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

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

FOR LINE NUMBER: PAGE 6 / 35

(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. Norman I. Brown		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1746 Q St NW		Transaction ID: SA11A1.4639
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation RETIRED	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Norman I. Brown		Date of Receipt M / D / Y 12 / 17 / 2004
Mailing Address 1746 Q St NW		Transaction ID: SA11A1.4640
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1861.00
Name of Employer SELF	Occupation RETIRED	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1861.00	

Full Name (Last, First, Middle Initial) C. Bonnie Carroll		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 147 MacLean Rd		Transaction ID: SA11A1.4884
City Alstead	State NH	Zip Code 03602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.80
Name of Employer River Mead Retirement Communt	Occupation Nurse	in-kind - exp. for election night party
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.43	

SUBTOTAL of Receipts This Page (optional)	2086.80
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 / 35

(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) A. William D. Diamond		Date of Receipt M / D / Y 12 / 07 / 2004
Mailing Address 141 Grove St		Transaction ID: SA11A1.4679
City Northampton	State MA	Zip Code 01060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer UMass/Amherst	Occupation Professor	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anonymous Donors		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address		Transaction ID: SA11A1.4632
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 482.00
Receipt For: 2004 Primary X General Other (specify) ▼		

small cash donations, Braintreeboro VT

Full Name (Last, First, Middle Initial) C. Anonymous Donors		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address		Transaction ID: SA11A1.4647
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 632.00
Receipt For: 2004 Primary X General Other (specify) ▼		

sm. cash donations, Keane NH 11/2/04

SUBTOTAL of Receipts This Page (optional)	530.00
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 8 / 35

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Swing the Vote

Full Name (Last, First, Middle Initial) A. Anonymous Donors		Date of Receipt
Mailing Address		MM / DD / YYYY 11 / 04 / 2004
City State Zip Code		Transaction ID: SA11A1.4649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	sm. cash donations, Keene NH 10/30/04
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 682.00	

Full Name (Last, First, Middle Initial) B. Anonymous Donors		Date of Receipt
Mailing Address		MM / DD / YYYY 12 / 07 / 2004
City State Zip Code		Transaction ID: SA11A1.4636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer	Occupation	sm. cash donations at ret- reat 12/5/04
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 802.00	

Full Name (Last, First, Middle Initial) C. T. Stephen Jones		Date of Receipt
Mailing Address 388 Middle St		MM / DD / YYYY 12 / 07 / 2004
City State Zip Code Amherst MA 01002		Transaction ID: SA11A1.4697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

SUBTOTAL of Receipts This Page (optional)	270.00
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 9 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)
Swing the Vote

Full Name (Last, First, Middle Initial) A. T. Stephen Jones		Date of Receipt M / D / Y 12 / 17 / 2004
Mailing Address 388 Middle St		Transaction ID: SA11A1.4898
City Amherst	State MA	Zip Code 01002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) B. Rutikous B. Perkins		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4884
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.79
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - printer supplies
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1082.63	

Full Name (Last, First, Middle Initial) C. Rutikous B. Perkins		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4885
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.78
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - copies
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1088.41	

SUBTOTAL of Receipts This Page (optional)	441.57
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 10 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Swing the Vote

Full Name (Last, First, Middle Initial) A. Rutliff B. Perkins		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4886
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.70
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - computer supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1071.11	

Full Name (Last, First, Middle Initial) B. Rutliff B. Perkins		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4882
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - canvass supplies - town list
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.11	

Full Name (Last, First, Middle Initial) C. Rutliff B. Perkins		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4883
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.80
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - exp. for election night party
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1501.91	

SUBTOTAL of Receipts This Page (optional)	435.50
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 11 / 35

(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) A. Rufius B. Perkins		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 93 Pinedale Rd		Transaction ID: SA11A1.4887
City Athol	State MA	Zip Code 01331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.15
Name of Employer HAP, Inc.	Occupation Attorney	in-kind - value of voice mail, 3 mo.
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1607.06	

Full Name (Last, First, Middle Initial) B. Thomas F. Plut		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 125 Red Gate Lane		Transaction ID: SA11A1.4730
City Amherst	State MA	Zip Code 01002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation M.D.	
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Thomas F. Plut		Date of Receipt M / D / Y 12 / 07 / 2004
Mailing Address 125 Red Gate Lane		Transaction ID: SA11A1.4731
City Amherst	State MA	Zip Code 01002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer SELF	Occupation M.D.	
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional)	▶	385.15
TOTAL This Period (last page this line number only)	▶	4129.02

**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 Maureen Blasco	
Mailing Address 67 Norcross Rd	
City State Zip Code Royalston MA 01368	
Purpose of Expenditure reimburse phone calls	Category/ Type 006
Name of Federal Candidate supported or Opposed by expenditure: George Bush	
Calendar Year-To-Date Per Election for Office Sought	7522.74

Date
M M / D D / Y Y Y Y
11 / 30 / 2004

Amount
241.77

Transaction ID: SE24.4802

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

Check One: Support Oppose

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Maureen Blasco	
Mailing Address 67 Norcross Rd	
City State Zip Code Royalston MA 01368	
Purpose of Expenditure reimburse postage	Category/ Type 003
Name of Federal Candidate supported or Opposed by expenditure: George Bush	
Calendar Year-To-Date Per Election for Office Sought	7535.13

Date
M M / D D / Y Y Y Y
11 / 30 / 2004

Amount
12.39

Transaction ID: SE24.4803

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

Check One: Support Oppose

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	254.16
(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.

Signature _____ Date M M / D D / Y Y Y Y

**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 Maureen Blasco			Date M / N / D D / Y Y Y Y 11 / 30 / 2004		
Mailing Address 67 Norcross Rd			Amount 10.33		
City Royalston		State MA	Zip Code 01368		Transaction ID: SE24.4804
Purpose of Expenditure reimburse supplies, copies			Category/ Type 007		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			7545.46		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D D / Y Y Y Y 10 / 01 / 2004		
Mailing Address 16 Cedar St			Amount 683.62		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4806
Purpose of Expenditure reimburse printer su- pplies			Category/ Type 006		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			3581.30		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	693.95
(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.	
Signature	Date M / N / D D / Y Y Y Y

**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 Brown			Date M / N / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 25.09		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4807
Purpose of Expenditure reimburse office supplies			Category/ Type 006		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			3606.39		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 13.13		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4783
Purpose of Expenditure in-kind - copies			Category/ Type 007		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			3645.55		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	38.22
(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.	
Signature	Date M / N / D D / Y Y Y Y _____

**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 Brown			Date M / N / D E / Y Y Y 10 / 15 / 2004		
Mailing Address 16 Cedar St			Amount 5.80		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4809		
Purpose of Expenditure reimburse postage		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			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"/> 2004 Other (specify): _____		
3681.35					

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D E / Y Y Y 10 / 18 / 2004		
Mailing Address 16 Cedar St			Amount 4.62		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4810		
Purpose of Expenditure reimburse copies		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			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"/> 2004 Other (specify): _____		
3685.97					

(a) SUBTOTAL of Itemized Independent Expenditures	10.42
(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.	
Signature	Date M / N / D E / Y Y Y

**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 Brown			Date M / N / D E / Y Y Y 1 0 / 1 8 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 3.85		
City Roxbury		State MA	Transaction ID: SE24.4811		
Zip Code 02119		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure reimburse postage			Category/ Type 007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		3689.82			

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D E / Y Y Y 1 0 / 1 8 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 8.95		
City Roxbury		State MA	Transaction ID: SE24.4813		
Zip Code 02119		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure reimburse copies			Category/ Type 007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		3698.77			

(a) SUBTOTAL of Itemized Independent Expenditures	12.80
(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.	
Signature	Date M / N / D E / Y Y Y

**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 Brown			Date M / N / D / Y / Y / Y 10 / 19 / 2004		
Mailing Address 16 Cedar St			Amount 13.65		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4814		
Purpose of Expenditure reimburse postage		Category/ Type	007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			3712.42		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D / Y / Y / Y 10 / 20 / 2004		
Mailing Address 16 Cedar St			Amount 280.47		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4815		
Purpose of Expenditure reimburse printer supplies		Category/ Type	007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			3002.89		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	294.12
(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.	
Signature _____	Date M / N / D / Y / Y / Y

**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 Brown			Date M / N / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 16.80		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4816
Purpose of Expenditure reimburse office supplies			Category/ Type 007		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			4009.69		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 682.16		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4817
Purpose of Expenditure reimburse purch. of canvass list			Category/ Type 007		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought			4719.39		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	698.96
(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.	
Signature	Date M / N / D D / Y Y Y Y _____

**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 Brown			Date M / N / D E / Y Y Y 1 0 / 2 8 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 147.20		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4816
Purpose of Expenditure reimburse printer supplies			Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			5643.50		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D E / Y Y Y 1 0 / 2 8 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 44.92		
City Roxbury		State MA	Zip Code 02119		Transaction ID: SE24.4819
Purpose of Expenditure reimburse printer and office supplies			Category/ Type	007	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			5688.42		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	192.12
(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.	
Signature	Date M / N / D E / Y Y Y

**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 Brown			Date M / N / D E / Y Y Y 1 0 / 2 7 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 12.50		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4820		
Purpose of Expenditure reimburse postage		Category/ Type 006	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 5700.92			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown			Date M / N / D E / Y Y Y 1 0 / 2 9 / 2 0 0 4		
Mailing Address 16 Cedar St			Amount 27.93		
City Roxbury	State MA	Zip Code 02119	Transaction ID: SE24.4821		
Purpose of Expenditure reimburse printer supplies		Category/ Type 006	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 5728.85			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	40.43
(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.	
Signature	Date M / N / D E / Y Y Y

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

NAME OF COMMITTEE (In Full) Swing the Vote	FED IDENTIFICATION NUMBER C C00401919
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Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown	Date M / N / D E / Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 16 Cedar St	Amount 19.66
City State Zip Code Roxbury MA 02119	Transaction ID: SE24.4822
Purpose of Expenditure reimburse copies	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought 5748.51	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Leah Anne Brown	Date M / N / D E / Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 16 Cedar St	Amount 87.49
City State Zip Code Roxbury MA 02119	Transaction ID: SE24.4823
Purpose of Expenditure reimburse sign-making supplies	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: George Bush	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought 5836.00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	107.15
(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.	
Signature _____	Date M / N / D E / Y Y Y _____

**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 Anna Brown			Date M / D / Y Y Y 12 / 02 / 2004		
Mailing Address 16 Cedar St			Amount 21.41		
City Roxbury		State MA	Transaction ID: SE24.4824		
Zip Code 02119		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure reimburse food for retreat			Category/Type 006		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		7566.87			

Full Name (Last, First, Middle, Initial) of Payee Bonnie Carroll			Date M / D / Y Y Y 11 / 02 / 2004		
Mailing Address 147 MacLean Rd			Amount 325.80		
City Alstead		State NH	Transaction ID: SE24.4785		
Zip Code 03802		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure in-kind - expenses, election night party			Category/Type 007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		6459.02			

(a) SUBTOTAL of Itemized Independent Expenditures	347.21
(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.	
_____ Signature	Date M / D / Y Y Y _____

**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 Jessica Cashdan			Date M N / D E / Y Y Y Y 1 2 / 0 5 / 2 0 0 4		
Mailing Address 67 Dudley St			Amount 17.97		
City Cambridge	State MA	Zip Code 02140	Transaction ID: SE24.4787		
Purpose of Expenditure in-kind - food for retreat			Category/ Type	007	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			7584.84		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Jessica Cashdan			Date M N / D E / Y Y Y Y 1 2 / 3 1 / 2 0 0 4		
Mailing Address 67 Dudley St			Amount 45.00		
City Cambridge	State MA	Zip Code 02140	Transaction ID: SE24.4786		
Purpose of Expenditure in-kind - telephone calls			Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			7629.84		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	62.97
(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.	
Signature	Date M N / J U / Y Y Y Y

**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 Norah Dooley			Date M / N / D E / Y Y Y 11 / 02 / 2004		
Mailing Address 65 Norcross Rd			Amount 150.00		
City Royalston	State MA	Zip Code 01368	Transaction ID: SE24.4825		
Purpose of Expenditure reimb. food for elec- tion day volunteers			Category/ Type	007	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			7034.82		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee T. Stephen Jones			Date M / N / D E / Y Y Y 10 / 01 / 2004		
Mailing Address 388 Middle St			Amount 35.00		
City Amherst	State MA	Zip Code 01002	Transaction ID: SE24.4788		
Purpose of Expenditure in-kind - copies			Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			2781.41		
			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	185.00
(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.	
Signature	Date M / N / D E / Y Y Y

**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 T. Stephen Jones			Date M / D / Y 10 / 01 / 2004		
Mailing Address 388 Middle St			Amount 60.00		
City Amherst		State MA	Zip Code 01002		Transaction ID: SE24.4789
Purpose of Expenditure in-kind - binders (office suppl)			Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			2841.41		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee T. Stephen Jones			Date M / D / Y 10 / 01 / 2004		
Mailing Address 388 Middle St			Amount 10.00		
City Amherst		State MA	Zip Code 01002		Transaction ID: SE24.4780
Purpose of Expenditure in-kind - food for phone-bank			Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought			2851.41		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(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.	
Signature	Date M / D / Y _____ / _____ / _____

**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 Suzanne Kennedy			Date M / N / D E / Y Y Y 10 / 15 / 2004		
Mailing Address 41 Rust Farm Lane			Amount 25.00		
City Alstead	State NH	Zip Code 03062	Transaction ID: SE24.4792		
Purpose of Expenditure in-kind - Canvass sup- plies		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 3675.55			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Pat Larson			Date M / N / D E / Y Y Y 11 / 01 / 2004		
Mailing Address 15 Shingle Brook Rd			Amount 92.27		
City Orange	State MA	Zip Code 01354	Transaction ID: SE24.4794		
Purpose of Expenditure in-kind - office sup- plies		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 6033.22			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	117.27
(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.	
Signature	Date M / N / D E / Y Y Y

**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 Pat Larson			Date M / N / D / Y / Y / Y 11 / 01 / 2004		
Mailing Address 15 Shingle Brook Rd			Amount 100.00		
City Orange	State MA	Zip Code 01354	Transaction ID: SE24.4827		
Purpose of Expenditure reimb. sign and office supplies			Office Sought: House State: _____ Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support X Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2004 Other (specify): _____		
6133.22					

Full Name (Last, First, Middle, Initial) of Payee Rutilious Perkins			Date M / N / D / Y / Y / Y 10 / 01 / 2004		
Mailing Address 93 Pinedale Rd			Amount 37.79		
City Athol	State MA	Zip Code 01331	Transaction ID: SE24.4788		
Purpose of Expenditure in-kind - printer supplies			Office Sought: House State: _____ Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support X Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2004 Other (specify): _____		
2889.20					

(a) SUBTOTAL of Itemized Independent Expenditures	137.79
(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.	
Signature	Date M / N / D / Y / Y / Y

**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 Perkins

Date
M / N / D E / Y Y Y
1 0 / 0 1 / 2 0 0 4

Mailing Address
93 Pinedale Rd

Amount
3.78

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4800
Office Sought: House State: _____
Senate District: _____
 Presidential

Purpose of Expenditure
in-kind - copies Category/ Type 006

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2892.98

Disbursement For: Primary General 2004
Other (specify): _____

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

Date
M / N / D E / Y Y Y
1 0 / 0 1 / 2 0 0 4

Mailing Address
93 Pinedale Rd

Amount
4.70

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4801
Office Sought: House State: _____
Senate District: _____
 Presidential

Purpose of Expenditure
in-kind - computer supplies Category/ Type 006

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2897.68

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	8.48
(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.

Date M / N / D E / Y Y Y

Signature

**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
Rutilious Perkins

Date
M / N / D / Y / Y / Y
10 / 01 / 2004

Mailing Address
93 Pinedale Rd

Amount
18.08

City State Zip Code
Athol MA 01331

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

Purpose of Expenditure
reimburse copies
Category/Type 007

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3624.47

Disbursement For: Primary General 2004
Other (specify): _____

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

Date
M / N / D / Y / Y / Y
10 / 01 / 2004

Mailing Address
93 Pinedale Rd

Amount
7.95

City State Zip Code
Athol MA 01331

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

Purpose of Expenditure
reimburse sign suppl-ies
Category/Type 007

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3632.42

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	26.03
(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.

Date M / N / D / Y / Y / Y

Signature

**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 Rutillus Perkins			Date M / N / D E / Y Y Y 1 0 / 0 5 / 2 0 0 4		
Mailing Address 93 Pinedale Rd			Amount 5.00		
City Athol		State MA	Transaction ID: SE24.4735		
Zip Code 01331		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure in-kind - canvass sup- plies			Category/ Type 007		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Calendar Year-To-Date Per Election for Office Sought 3650.55		

Full Name (Last, First, Middle, Initial) of Payee Rutillus Perkins			Date M / N / D E / Y Y Y 1 0 / 2 1 / 2 0 0 4		
Mailing Address 93 Pinedale Rd			Amount 27.54		
City Athol		State MA	Transaction ID: SE24.4831		
Zip Code 01331		Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Purpose of Expenditure reimburse copies			Category/ Type 007		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Calendar Year-To-Date Per Election for Office Sought 4037.23		

(a) SUBTOTAL of Itemized Independent Expenditures	32.54
(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.	
_____ Signature	Date M / N / D E / Y Y Y

**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 / 2 2 / 2 0 0 4	
Full Name (Last, First, Middle, Initial) of Payee Rutilious Perkins			Amount	700.00	
Mailing Address 93 Pinedale Rd			Transaction ID: SE24.4832		
City Athol	State MA	Zip Code 01331	Office Sought:	House	State: _____
Purpose of Expenditure reimburse purchase of canvass list				Senate	District: _____
				<input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			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 2004
			Other (specify):	_____	
Amount			5419.39		

Full Name (Last, First, Middle, Initial) of Payee Rutilious Perkins			Date	M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	
Mailing Address 93 Pinedale Rd			Amount	19.48	
Transaction ID: SE24.4833					
City Athol	State MA	Zip Code 01331	Office Sought:	House	State: _____
Purpose of Expenditure reimburse canvass supplies				Senate	District: _____
				<input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Bush			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 2004
			Other (specify):	_____	
Amount			5438.87		

(a) SUBTOTAL of Itemized Independent Expenditures	719.48
(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.	
Signature	Date M M / D D / Y Y Y Y _____ / _____ / _____

**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
Rutilious Perkins

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

Mailing Address
93 Pinedale Rd

Amount
9.56

City State Zip Code
Athol MA 01331

Transaction ID: SE24.4834
Office Sought: House State: _____
Senate District: _____
 Presidential

Purpose of Expenditure
reimburse copies
Category/ Type 007

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5448.43

Disbursement For: Primary General 2004
Other (specify): _____

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

Date
M / N / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Mailing Address
93 Pinedale Rd

Amount
104.95

City State Zip Code
Athol MA 01331

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

Purpose of Expenditure
reimburse sign and
office supplies
Category/ Type 007

Name of Federal Candidate supported or Opposed by expenditure:
George Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5940.95

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	114.51
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL 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>	
<p>_____ Signature</p>	<p>Date M / N / D D / Y Y Y Y</p>

**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 Rutillus Perkins			Date M / D / Y Y Y 11 / 02 / 2004		
Mailing Address 93 Pinedale Rd			Amount 425.80		
City Athol	State MA	Zip Code 01331	Transaction ID: SE24.4797		
Purpose of Expenditure in-kind - expenses, election night party		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 6884.82			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Rutillus Perkins			Date M / D / Y Y Y 11 / 02 / 2004		
Mailing Address 93 Pinedale Rd			Amount 100.00		
City Athol	State MA	Zip Code 01331	Transaction ID: SE24.4836		
Purpose of Expenditure reimb. food for elec- tion day volunteers		Category/ Type 007	Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought 7134.82			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	525.80
(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.	
Signature	Date M / D / Y Y Y _____ / _____ / _____

**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 Rutliff Perkins			Date M / N / D Y Y Y 11 / 02 / 2004		
Mailing Address 93 Pinedale Rd			Amount 100.00		
City Athol		State MA	Zip Code 01331		
Purpose of Expenditure reimburse rental of office space			Category/Type 007		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought 7234.82			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Rutliff Perkins			Date M / N / D Y Y Y 12 / 31 / 2004		
Mailing Address 93 Pinedale Rd			Amount 105.15		
City Athol		State MA	Zip Code 01331		
Purpose of Expenditure in-kind - value of voice mail, 3 mo.			Category/Type 001		
Name of Federal Candidate supported or Opposed by expenditure: George Bush			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Calendar Year-To-Date Per Election for Office Sought 7734.99			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	205.15
(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.	
Signature	Date M / N / D Y Y Y

**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 / N / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	Amount 47.87	
Full Name (Last, First, Middle, Initial) of Payee Verizon			Transaction ID: SE24.4836		
Mailing Address P.O. Box 1			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
City Worcester	State MA	Zip Code 01654-0001	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure Toll-free voice mail		Category/ Type 001	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure: George Bush					
Calendar Year-To-Date Per Election for Office Sought		5496.30			

Full Name (Last, First, Middle, Initial) of Payee Verizon			Date M / N / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4		
Mailing Address P.O. Box 1			Amount 46.15		
Transaction ID: SE24.4839			Office Sought: House State: _____ Senate District: _____ <input checked="" type="checkbox"/> Presidential		
City Worcester	State MA	Zip Code 01654-0001	Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Purpose of Expenditure toll-free voice mail		Category/ Type 001	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure: George Bush					
Calendar Year-To-Date Per Election for Office Sought		7280.97			

(a) SUBTOTAL of Itemized Independent Expenditures	94.02
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	4988.58
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 M / N / D D / Y Y Y Y