

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

NAME OF COMMITTEE (In Full) Swing the Vote			FEC IDENTIFICATION NUMBER <b>C</b> C00401919		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee 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	
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			3606.39		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 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	
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			3645.55		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>38.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature	Date M / N / D D / Y Y Y Y