

**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 E / Y Y Y 1 0 / 2 2 / 2 0 0 4		
Mailing Address 93 Pinedale Rd			Amount 700.00		
City Athol		State MA	Zip Code 01331		
Purpose of Expenditure reimburse purchase of canvass list			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 5419.39			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 Rutliff Perkins			Date M / N / D E / Y Y Y 1 0 / 2 2 / 2 0 0 4		
Mailing Address 93 Pinedale Rd			Amount 19.48		
City Athol		State MA	Zip Code 01331		
Purpose of Expenditure reimburse canvass 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 5438.87			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	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 / N / D E / Y Y Y