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Federal Election Commission
999 E Street NW
Washington DC 20463

January 29, 2009

Dear Sir/Madam:

Enclosed please find my Year-End Independent Expenditure Report, with apologies for it being late. I was under the impression that only a year-end report was necessary, and didn't realize until just a few days ago that a quarterly report was due last Fall.

Sincerely,

Susan Mojica

Susan Mojica

c/o 107 Phelps Road
Framingham, Massachusetts 01702

29030032076

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

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1. (a) Name of Individual, Organization or Corporation <i>Susan Mojica</i>		3. FEC Identification Number <i>C90009879</i>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>40 107 Phelps Rd</i>		
(c) City, State and ZIP Code <i>Framingham, Massachusetts 01702</i>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer <i>Kennedy - Donovan Center</i>		Occupation <i>Foster Careprovider</i>

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M ' D D ' Y Y Y Y
0 1 ' 0 5 ' 2 0 0 8

THROUGH

M M ' D D ' Y Y Y Y
0 8 ' 2 8 ' 2 0 0 8

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES *328.20*

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM <i>Susan Mojica</i>	SIGNATURE <i>Susan Mojica</i>	DATE <i>Jan 29, 2009</i>
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

29030032077

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Susan Mojica

Full Name (Last, First, Middle Initial) of Payee <i>The UPS Store</i>	Date <i>08' 28' 2008</i>
Mailing Address <i>1257 Worcester Rd.</i>	Amount <i>, 260.26</i>
City State Zip Code <i>Framingham Mass 01701</i>	

Purpose of Expenditure <i>Postage</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Ron Paul</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>328.20</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>, 260.26</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>, 67.94</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>, 328.20</i>

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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) <i>1/30/09</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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>JH</i>	<i>2/18/09</i>
PREPARER	DATE PREPARED

29030032079