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December 8, 2004

VIA OVERNIGHT DELIVERY

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Filing of FEC Form 5

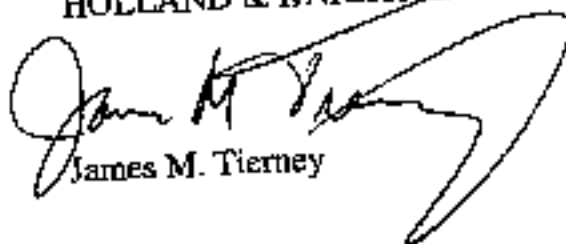
Dear Sir or Madam:

Enclosed for filing please find FEC Form 5 and Schedule 5-E on behalf of James G. Sokolove. You will note that this is the 12-day report preceding the 2004 general election.

Thank you for your attention to this matter.

Sincerely yours,

HOLLAND & KNIGHT LLP



James M. Tierney

JMT/m

Enclosures

cc: James G. Sokolove, Esq.
Douglas J. Patton, Esq.

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FEC MAIL ROOM
2004 DEC -9 A 10:21

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2004 DEC -9 A 10:27

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation James G. Sokolove		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1340 Centre Street, Suite 102		
(c) City, State and ZIP Code Newton Center, MA 02459		
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	Self-employed	Occupation Attorney

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report 12-Day Report preceding the election
 October 15 Quarterly Report 30-Day Report following the General Election
 January 31 Year-End Report

Type of Election: **Presidential** Date of Election: **11/02/2004** State: _____

(b) Is this Report an amendment? Yes No

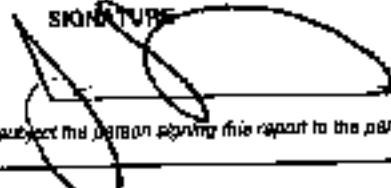
5. COVERING PERIOD: FROM **10/01/2004** THROUGH **10/14/2004**

6. TOTAL CONTRIBUTIONS: **0.00**

7. TOTAL INDEPENDENT EXPENDITURES: **5,907.30**

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: **James G. Sokolove**

SIGNATURE: 

DATE: **12/8/04**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530. Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
James G. Sokolove

Full Name (Last, First, Middle Initial) of Payee Fidelity Communications		Date 10 / 13 / 2004
Mailing Address 240 Revere Beach Parkway		Amount 5,907.30
City Everett	State MA	Zip Code 02149
Purpose of Expenditure Direct Mail	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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	5,907.30
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	5,907.30

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
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<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>12/8/04</i>
<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>040</i> PREPARER	<i>12/9/04</i> DATE PREPARED