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February 4, 2008

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

Re: Hope C. McDermott
Wm. Shaw McDermott

Dear Sirs/Madam:

I am forwarding for filing FEC Form 5 as prepared by me and my wife Hope C. McDermott, respectively, relative to an independent expenditure of \$375 by each of us (for a total together of \$750) to purchase space in our local newspaper, the Dedham Times for a letter advocating for the support of Barack Obama for President in the Democratic Presidential primary in Massachusetts on February 5, 2008.

Thank you for your attention. Please feel free to call me with any questions.

Yours sincerely,



Wm. Shaw McDermott

WSM:jag

Enclosures

28039633625

FEC FORM 5

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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 HOPE C. McDERMOTT		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 580 BRIDGE ST.		
(c) City, State and ZIP Code DEDHAM, MA. 02026		
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 REAL ESTATE BROKER

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

01 / 31 / 2008
 THROUGH
 02 / 31 / 2008

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

\$ 375.
 (TOTAL WITH EXPENDITURE BY SPOUSE
 AGGREGATED = \$750). SEE WILLIAM SHAW McDERMOTT FILING

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

SIGNATURE

DATE

HOPE C. McDERMOTT

Hope C. McDermott 1.31.08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

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

28039633626

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
HOPE C. McDERMOTT

Full Name (Last, First, Middle Initial) of Payee HOPE C. McDERMOTT DEDHAM TIMES	Date 01 31 2008
Mailing Address 395 WASHINGTON STREET	Amount
City DEDHAM	State MA.
Zip Code 02026	

Purpose of Expenditure ADVERTISING SPACE-LETTER	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: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 375.00		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.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures.....	▶	375
(carry total from last page forward to Line 7)		375.00

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
2/4/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 2/14/08
PREPARER DATE PREPARED

28039633628