FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation		
WILLIAM SHAW MCDERMOTT		
(b) Address (number and street)		
580 BRIDGE ST.		
(c) City, State and ZIP Code	3. FEC Identification Number	
DEDHAM, MA.02026	Samani Sana and Sana a ta ta ta Sana aya Sana a Sana a sa	
2. Corporate filers only Is the filer a qualified nonprofit corporation?		
Individual filers only Name of Employer	Occupation	
KEL GATES	LAWYER	
4. TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report		
July 15 Quarterly Report		
October 15 Quarterly Report	or	
January 31 Year-End Report 🔲 48-Hour Rep	ort	
b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM O (3 1 26 8 8) THROUGH		
12312008		
6. TOTAL CONTRIBUTIONS	anne fan	
7. TOTAL INDEPENDENT EXPENDITURES	ີ່ ເຈັ້າ ແລ້ວສະໜັກແລະເວັ້ນແມ່ນີ້ນາ ແມ່ນີ້ມາ ກຳມານນຶ່ງ ແມ່ນແລະເປັນແມ່ນີ້ມາແມ່ນີ້ ແມ່ນນີ້ ແມ່ນນີ້ ແມ່ນນີ້ ແມ່ນນີ້	
7. TOTAL INDEPENDENT EXPENDITURES \$375; (TOTAL WITH EXPENDITURE BY SPONSE AGBREGATED = \$750) SEE HOPE C. MODE	KMOTTFILING.	
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 nonprolit corporation under the Commission's regulations.		
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE	
WILLIAM SHAW MCDERMOTT Wm. &	han Mc Semott 21,108	
NOTE: Submission of false, erroneous or incomplete information may subject the person signin	g 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

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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IFOR LINE	7 UF FORM	ł

WILLIAM SHAW	
Full Name (Last, First, Middle Initia	al) of Payee

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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	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
Delivery Confirmation [™] or Signature Confirmation [™] Label		
USPS Express Mail	Postmarked	
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Overnight Delivery Service (Specify):	Shipping Date	
Νε	ext Business Day Delivery	
Received from House Records & Registration C	Date of Receipt Office	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
Er.	2/14/08	
PREPARER	DATE PREPARED	