# FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

		ed by Persons (Other than Political Committees) includ	ng Quaimed Nonprofit Cor	botanôus St. Vil 6: 38		
		me of Individual, Organization or Corporation				
Jai	mes G	S. Sokolove				
	(b) Add	dress (number and street)	reported			
63	Lake	Avenue				
_	(c) City	y, State and ZIP Code		3. FEC Identification Number		
Ne	wton,	MA 02459				
2.	Corpo	orate filers only	<del></del>	C		
		Is the filer a qualified nonprofit corporation?	☐ Yes 🛍 No	" - " - " - " - " - " - " - " - " - " -		
	Individ	dual filers only Name of Employer	0	ccupation		
		Self-Employed	Attorne	у .		
==		4. P/P5 05 05 05 05 05 05 05 05 05 05 05 05 05				
		4. TYPE OF REPORT (check appropriate boxes):				
		(a) April 15 Quarterly Report				
		☐ July 15 Quarterly Report		•		
•			☐ 24-Hour Report	•		
		·· C October 15 Quarterly Report		:		
		January 31 Year-End Report	48-Hour Report			
1						
		•				
		b) Is this Report an amendment? Yes 🗌 No 🗐				
		5. COVERING PERIOD: FROM				
		1 0 0 1, 2	0 0 8			
		THROUGH				
		1 2 3 1 2	0 0 8			
	_	hác sa bhacáir leas	#J.#.03 % J!	<del></del>		
		6. TOTAL CONTRIBUTIONS	protein (			
				0 0 0		
	]	7. TOTAL INDEPENDENT EXPENDITURES		9 2 3 9 3		
			V	to to breakfulanti radi research authorization as a		
		alty of perjury I certify that the independent expenditures reported herein were n				
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.						
ΤY	/PE OR	PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE .	DATE		
				_ 1 .		
J	ames (	G. Sokolove		1/12/119		
		NOTE: Submission of false, erroneous or incomplete information may sub	ect the person signing this report to the	he penalties of 2 U.S.C. §437g.		
	<u> </u>					

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-A** ITEMIZED RECEIPTS

PAGE	OF
1	1

Any information copied from such Reports and Statements may not be sold or used by any pe or for commercial purposes, other than using the name and address of any political committee	
NAME OF FILER (In Full)	
A. Full Name (Last, First, Middle Initial)	T
	Date of Receipt
Mailing Address	THE TREE A POST OF A PROPERTY OF

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		THE STATE OF THE S	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation	<del></del>	
B. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		[HILM] / [BNB] / [TUTT / VIV	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		
C. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / O D / Y V V V	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	<u>C</u>	processor processors and section for the contract of the contr	
Name of Employer	Occupation		
D. Full Name (Last, First, Middle Initial)	_ <del></del>	Date of Receipt	
Mailing Address			
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	[C]		
Name of Employer	Occupation		
SUBTOTAL of Receipts This Page (optional)	•	0 0 0	

0 0 0 TOTAL This Period (last page carry total to Line 6).....

SC	CHEDULE 5-E			PAGE 1	OF 1
_	EMIZED INDEPENDENT EXPENDITURES			FOR LINE 7	OF FORM 5
NA	ME OF FILER (In Full)				
	James G. Sokolove				
•	Dailles O. Sokolove				
_	Full Name (Last, First, Middle Initial) of Payee	·····	Date	<u></u>	
	JTC Printing		สหารสถา		ያቸው ትራቸው ማስተኛት <b>ብቸ</b> ቸውን
	Mailing Address	<del> </del>	1_0	1 5	2 0 0 8
	112 Needham St.	Amount	1	CALL LEFTED DAG	
		Zip Code			
	Newton State	02464	1 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		ິ 0 ຕ 5 ເ 1 ເ 5
			6.0 - Co. Se. 198		vivini vilimentina mete
	Purpose of Expenditure	Category/ Type	Office Sought:	House	State:
	Print Mailing	Lance Period	ļ .	Senate	District:
	Name of Federal Candidate Supported or Opposed by Expendi	ture:	L.	✓ President	[ <del>]</del>
	Barack Obama - Obama for America		Check One:	Support	Oppose
	Calendar Year-To-Date Per Election	Calendar Year-To-Date Per Election			General
	for Office Sought	₩ I	Other (s	pecify)	<u></u> .
	Full Name (Last, First, Middle Initial) of Payee				
			Date		
•	U.S. Postal Service		1 0	, LD_A 2	2 0 0 8
	Mailing Address		المرابعة المستعمل		parama amend
	Newton Center		Amount		
	City State	Zip Code			-, 15 (15 (15 (15 (15 (15 (15 (15 (15 (15
	Newton MA	02459	i sata de el	K. Berrettel	3 1 8 7 8
	Purpose of Expenditure	Category/	Office Sought:	House	State:
	Postage for Mailing	Туре		Senate	District:
	Name of Federal Candidate Supported or Opposed by Expendi	[	✓ President	District.	
	Barack Obama - Obama for America		Check One:	Support	Oppose
	Calendar Vege To Date Per Flortion		Disbursement For:   Primary General		
	Calendar rear-10-bate rer Liection (1	l' l		i 1	
			Other (specify)		
	Full Name (Last, First, Middle Initial) of Payee		Date		
					A STATES AND STATES
	Mailing Address		Amount programmy responses		Establica de la
	City State	Zip Code			
			Mai Ald	Danilana (12a)	أحواميك الأمماد
	Purpose of Expenditure	Category/	Office Sought:	House	
		Туре		Senate	
	Name of Federal Candidate Supported or Opposed by Expendi			President	District:
			Check One: Support Oppose		
			Dishusement For		Conerel
	for Office Sought		Disbursement For		General
	ior Once Sought		Other (s	pecify) ▶	
				randar-da <del>ra</del> Azar	Camelina dinastras de la
	(a) SUBTOTAL of Itemized Independent Expenditures		· <b>&gt;</b>	9 	2 3 9 3
		handlamica - Z	Lendina fina dine 	ation to the contract of the total of the t	
	(b) SUBTOTAL of Unitemized Independent Expenditures		A fam. Mar.	0 0 0	
		Salarine (1 resolution and 1.5 Spring particles in 2000)	ne allemant con "these general confeguration ex		
	(c) TOTAL Independent Expenditures			9 	2 3 9 3
1	(carry total from last page forward to Line 7)		المحالم المراط	مييز (إيجيبون مرايسون	والمحادث منكاتك مدادا بمجارهم



Ellen Fletcher JAMES SOKOLOVE 1340 CENTRE STREET NEWTON CENTRE MA 02459

Phone: 617-742-0696

## ESTIMATE

No.

E#10774

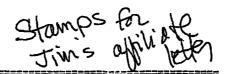
Date

10/15/08

Customer P.O. No.

<b>ONNAMED</b>	DESCRIPTION TO		AMMERUME
675	Multi-part Job (2 pages) Stuffing envelopes sealing the envelopes #10 envelopes, # 10 Strathmore, printed 1 color front in 0:25 Typeset (hourly) Letters, 8.5 x 11 24# Strathmore White, copied on 1 side 0:45 mail merge 675 Fold: Ltr/Lgl: Text Addressing of envelopes	BLACK ink	576.33
		SUB	576.33
Personalized letters Thank you for the opportunity to			28.82
serve you SHIPPING		·	
	· · · · · · · · · · · · · · · · · · ·	TOTAL	605.15

Signature	ure						
Print							



NEWTON CENTER RETAIL STORE NEWTON CENTER,: Massachusetts 024591943 2407980159-0095

10/08/2008 (800)275-8777 03:04:39 PM

Sales Receipt				
Product	Sale Unit	Final		
Description	Qty Price	Price		
42c Flags	1 \$42.00	\$42,00		
24/7 PSA		-		
C1/100				
42c Flags	1 \$42.00	\$42.00		
24/7 PSA				
C1/100				
42c Flags	1 \$42.00	\$42.00		
24/7 PSĀ				
C1/100				
42c Flags	1 \$42.00	\$42,00		
24/7 PSA				
C1/100				
42c Flags	1 \$42.00	\$42.00		
24/7 PSA				
C1/100				
42c Flags	1 \$42.00	\$42.00		
24/7 PSA				
· C1/100				
42c Flags	1 \$42.00	\$42.00		
24/7 PSA				
C1/100				
42c Flags	1 \$21.00	\$21.00		
of our				
Nation (Set				
2) PSA				
C1/50				
42c Purple	9 \$0.42	<b>\$</b> 3.78		
Heart PSA				
		=======================================		
Total:		\$318.78		

Paid by:

Visa

\$318.78

Account #:

XXXXXXXXXXXXX3375

Approval #: 02922B Transaction #: 827

23902880590

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For

other information call 1-800-ASK-USPS.

Bill#:1000500859243

Clerk:08

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 or Signature Confirm	mation™ Label		
LIOPO Farmer Mail	Postmarked		
USPS Express Mail	./		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Busines	s 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):	eceipt or Postmarked		
Eu-	1/28/09		
PREPARER (2)(2)(2)(5)	DATE PREPARED		
(3/2005)			