FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ee instructions)	ION		Office use only
1. NAME OF COMMITTEE (in		k if name nged)	Example: If typying, type over the lines	12FE4M5	Cince use unity
New Jersey De	emocratic Victory				1
ADDRESS	196 West \$	State Street			
ADDRESS (number and	street)				
(Check if address is changed)	ess Trenton			NJ L	08608
		CI	ГУ▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA					
pnichols@njde	ems.org				
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
				11111	
COMMITTEE'S FAX N 6093964778	NUMBER				
2. DATE 0.1	31 / 200	0 7 ·			
3. FEC IDENTIFICA	ATION NUMBER	C	C00427724		
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the b	est of my knowled	ge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Peter [O Nichols			
Signature of Treasurer	Electronically Filed by	Peter D Nicho	ols	Date 01	31 2007
NOTE: Submission of fa	lse, erroneous, or incomplete in		oject the person signing this St		es of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)				
(a) This committee is a principal campaign committee. (Complete the candidate information	below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate			
Name of Candidate				
Candidate Office Party Affiliation Sought: House Senate	State President District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
(e) This committee is a separate segregated fund				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separ committee.	rate segregated fund or party			
6. Name of Any Connected Organization or Affiliated Committee New Jersey Democratic State Committee				
<u> </u>				
Mailing Address 196 West State Street				
Trenton NJ	08608]			
CITY STATE	E ▲ ZIP CODE ▲			
Relationship Jt Fundraising Parti				
Type of Connected Organization:				
Corporation Corporation w/o Capital Stock	Labor Organization			
Membership Organization Trade Association X	Cooperative			

Write or Type Committee Name	2/2003)		Page 3	
write or Type Committee Name				
New Jersey Democratic	Victory			
 Custodian of Records: Ide possession of Committee 	ntify by name, address, (phone numb books and records.	per optional), and position	n of the person in	
Full Name Peter D	Nichols			
Mailing Address	196 West State Street			
	Trenton	NJ_	08608	
Title or Position ♥	CITY A	STATE	ZIP CODE A	
Treasurer		6 Telephone number	09	
Full Name of Treasurer Peter D Mailing Address	Nichols 196 West State Street			
	Trenton	NJ	08608	
Title or Position ♥	Trenton CITY A	NJ STATE		
Title or Position ♥ Treasurer		STATE		
Treasurer Full Name of		STATE A	ZIP CODE A	
Treasurer Full Name of Designated	CITY A	STATE A	ZIP CODE A	
Full Name of Designated Agent Peter D	CITY A	STATE A	ZIP CODE A	
Full Name of Designated Agent Peter D	Nichols 196 West State Street	Telephone number 6	ZIP CODE A 09 _ 392 _ 3367 08608	

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.			
	Name of Bank, Depository, etc.			
	Bank o	f America		
	Mailing Address	150 West State Street		
		Trenton NJ 086	608 _ [_	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Membership Organization

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Banks or Other Deposito safety deposit boxes or mai	intains funds.		s accounts, rents ADDITIONAL]
Name of Bank, Depository,	eic.		, , , , , , , , , , , , , , , , , , , ,
Mailing Address			
	CITY 🛆	STATE <u></u>	ZIP CODE △
Name of Any Connected	l Organization or Affiliated Committee]	ADDITIONAL]
Menendez for Senate			
Mailing Address	PO Box 848		
	Union City	NJ L	07087
	CITY	STATE A	ZIP CODE A
Polationahia Jt F	undraising Parti		
Relationship Jt F			
Type of Connected Organi	ization:		
Corporation	Corporation w/o Capital Stock	Labor Org	anization

Trade Association

Х

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY &	STATE▲	ZIP CODE A
		elephone number	