

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 <i>Victor Scudiero</i> | | 3. FEC Identification Number C |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>15 Mountain St.</i> | | |
| (c) City, State and ZIP Code <i>Highlands, NJ 07732</i> | | |
| 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 <i>Interstate Electronics Inc.</i> | Occupation <i>President</i> |

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

08' 05' 2013
 THROUGH
 08' 08' 2013

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

31,000.00

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 |
| <i>Charles J. Fallon</i> | <i>CJ Fallon</i> | <i>8/7/13</i> |

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 800-424-9630, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Victor Scudicov

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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

0.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Victor Scudiero

| | |
|---|-----------------------------|
| Full Name (Last, First, Middle Initial) of Payee <u>Strategic Message Management, Inc.</u> | Date <u>08' 06' 2013</u> |
| Mailing Address <u>15 Alden Street, Suite 8</u> | Amount <u>26000.00</u> |
| City <u>Cranford</u> State <u>NJ</u> Zip Code <u>07016</u> | |

| | | | |
|--|---------------|--|---------------------------------|
| Purpose of Expenditure <u>Direct Mail</u> | Category/Type | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: <u>Frank Pallone</u> | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <u>31,000.00</u> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|-----------------------------|
| Full Name (Last, First, Middle Initial) of Payee <u>Strategic Message Management, Inc.</u> | Date <u>08' 06' 2013</u> |
| Mailing Address <u>15 Alden Street, Suite 8</u> | Amount <u>5,000.00</u> |
| City <u>Cranford</u> State <u>NJ</u> Zip Code <u>07016</u> | |

| | | | |
|--|---------------|--|---------------------------------|
| Purpose of Expenditure <u>Newspaper Advertising</u> | Category/Type | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: <u>Frank Pallone</u> | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <u>31,000.00</u> | | 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) _____ | |

| | |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <u>31,000.00</u> |
| (b) SUBTOTAL of Untermized Independent Expenditures..... | <u>0.00</u> |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | <u>31,000.00</u> |

**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 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <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 |

Other (Specify): _____ Date of Receipt or Postmarked _____

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N/A
 PREPARER

N/A
 DATE PREPARED