

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

NOV DEC -3 A 9 09

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Examples: If typing, type over the lines

12FE4M5

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

ADDRESS (number and street)

473 BROADWAY

(Check if address is changed)

PO BOX 3037

LONG BRANCH

NJ

07740

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

11 / 16 / 2004

3. FEC IDENTIFICATION NUMBER

C 000407767

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Warren Goode

Signature of Treasurer

Warren Goode

Date

11 / 16 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 3437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact
Federal Election Commission
Toll Free 800-424-9559
Local 202-694-1100

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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a SUB (National, State (or subordinate) committee of the DEM (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 separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NEW JERSEY DEMOCRATIC STATE COMMITTEE _____

Mailing Address _____
196 West State Street

Trenton NJ 08608

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Robin Panten

Mailing Address 609 North Lake Shore Drive

Brick NJ 08723

Title or Position Executive Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 732 671 4141

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Warren Goode

Mailing Address 1025 Highway 35

Ocean NJ 07712

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 732 531 1400

Full Name of Designated Agent Robin Panten

Mailing Address 609 North Lake Shore Drive

Brick NJ 08723

Title or Position Executive Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 732 671 4141

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.

Commerce Bank

Mailing Address

101 Parker Ave.

West Long Branch

N.J.

07764

CITY Δ

STATE Δ

ZIP CODE Δ

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" 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
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JMD PREPARER	10-3-04 DATE PREPARED