



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
FEC CENTER

2007 FEB 16 11 05 53
February 16, 2007

RQ-7

SCUDIERY, VICTOR V, Treasurer
MONMOUTH COUNTY DEMOCRATS VICTORY 2004
473 BROADWAY PO BOX 3037
LONG BRANCH, NJ 07740

IDENTIFICATION NUMBER: C00407767

Reference: YEAR-END Report 11/28/2006 - 12/31/2006

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced reports of receipts and expenditures as required by the Federal Election Campaign Act, as amended. You were previously notified of the due dates for these reports.

It is important that you file these reports immediately with the Federal Election Commission, 999 E Street, N.W., Washington, D.C., 20463. A copy of the reports or relevant portions must also be filed with the Secretary of the State or equivalent State Officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at www.fec.gov.

The failure to timely file these reports may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

If you have any questions regarding this matter, please contact Swapna Krishna at our toll free number (800)424-9530. Our direct local number is (202)694-1130.

Sincerely,

A handwritten signature in cursive script, appearing to read "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division (RAD)

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Final Report

RECEIVED
FEDERAL CENTER
OCT 05 11 09 54

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

ADDRESS (number and street) 1602 LAWRENCE AVE

Check if different than previously reported. (ACC)

SUITE 110

OCEAN NJ 07712

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00407767

3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

Table with 4 columns: (a) Quarterly Reports, (b) Monthly Report Due On, (c) 12-Day PRE-Election Report for the, (d) 30-Day POST-Election Report for the. Includes options like April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), etc.

5. Covering Period 07 01 2005 through 03 31 2007

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

Type or Print Name of Treasurer Victor V. SCUDIERG

Signature of Treasurer [Handwritten Signature] Date 03 15 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only table with 7 columns and 1 row. Includes text: FEC FORM 3X Rev. 12/2004

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Monmouth County Democrats Victory 2004

Report Covering the Period:

From:

07 01 2005

To:

03 31 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		<i>116.44</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>116.44</i>	
(c) Total Receipts (from Line 19).....	<i>0-</i>	<i>0</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>116.44</i>	<i>116.44</i>
7. Total Disbursements (from Line 31).....	<i>116.44</i>	<i>116.44</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>0</i>	<i>0</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>6,000-</i>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Monmouth County Democratic Victory 2004

Report Covering the Period: From: *01 01 2005* To: *03*

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	-	-
(ii) Unitemized.....	-	-
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	-	-
(b) Political Party Committees.....	-	-
(c) Other Political Committees (such as PACs).....	-	-
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	-	-
12. Transfers From Affiliated/Other Party Committees.....	-	-
13. All Loans Received.....	-	-
14. Loan Repayments Received.....	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-	-
17. Other Federal Receipts (Dividends, Interest, etc.).....	-	-
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	-	-
(b) Levin Funds (from Schedule H5).....	-	-
(c) Total Transfers (add 18(a) and 18(b))..	-	-
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....	116.44	116.44
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	116.44	116.44
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds.....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	116.44	116.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	Ø	Ø

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	-	-
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-	-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-	-

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 COMMITTEE (In Full)

Monmouth County Democrats Victory 2004

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Y Y Y Y Y

Amount of Each Receipt this Period

Y Y

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Y Y Y Y

Amount of Each Receipt this Period

Y Y

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Y Y Y Y

Amount of Each Receipt this Period

Y Y

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

Handwritten initials/signature

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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 COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

A. Full Name (Last, First, Middle Initial) *Commerce Bank*

Mailing Address

City *Long Beach* State *NT* Zip Code *07440*

Purpose of Disbursement *Bank Charges*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *001*

State: District:

Date of Disbursement *12 31 2005*

Amount of Each Disbursement this Period *11644*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *001*

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *11644*

TOTAL This Period (last page this line number only) *11644*

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SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---------------------------------------------

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶			
TOTALS This Period (last page in this line only)	▶			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Monmouth County Democrats Victory 2009</i>	FEC IDENTIFICATION NUMBER
------------------------------------------------------------------------------	---------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan \$ _____	Interest Rate (APR) _____ %
-------------------------------------------	----------------------------	--------------------------------

Mailing Address	Date Incurred or Established M / D / Y Y Y Y
City State Zip Code	Date Due M / D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred M / D / Y Y Y Y

B. If line of credit, Amount of this Draw: \$ _____	Total Outstanding Balance: \$ _____
--------------------------------------------------------	-------------------------------------

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the value of this collateral? \$ _____
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the estimated value? \$ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M / D / Y Y Y Y	Location of account: Address: City, State, Zip: _____
------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M / D / Y Y Y Y
---------------------------------------------------	-------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M / D / Y Y Y Y
------------------------------------------------------	-------	-------------------------

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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Pallone For Congress</i>		Nature of Debt (Purpose):	
Mailing Address <i>P.O. Box 3176</i>			
City <i>LONG BRANCH</i>	State <i>N.J.</i>	Zip Code <i>07740</i>	
Outstanding Balance Beginning This Period <i>6,000.00</i>			
Amount Incurred This Period <i>0.</i>	Payment This Period	Outstanding Balance at Close of This Period <i>6,000.-</i>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶			<i>0</i>
2) TOTALS This Period (last page this line number only).....▶			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶			<i>0</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶			<i>0</i>

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Monroe County Democrats Victory 2004</i>	FEC IDENTIFICATION NUMBER ▼ C
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

27039410787

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date Amount
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

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

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date Amount
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

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

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures	▶

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature _____

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>Monmouth County Democrats Victory 2004</i>	Check it 24-hour notice
------------------------------------------------------------------------------	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State Zip Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

- Fixed Percentage (select one)
- Presidential-Only Election Year (28% Federal)
 - Presidential and Senate Election Year (36% Federal)
 - Senate-Only Election Year (21% Federal)
 - Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
or
If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Candidate Support.....		
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only to Party)		
TOTAL This Period (Total Amount Transferred).....		

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Monmouth County Democratic Victory 2004

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement: <i>BANK CHARGES</i>		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <i>ADMIN EXPENSES</i>		Allocated Activity or Event Year-To-Date <i>11644</i>	
Category/Type		Date <i>07 01 2005</i>	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Monmouth County Democratic Victory 2004

NAME OF ACCOUNT	DATE OF RECEIPT M / D / Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID				
iii) GOTV Total Amount Transferred for GOTV				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity				

NAME OF ACCOUNT	DATE OF RECEIPT M / D / Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID				
iii) GOTV Total Amount Transferred for GOTV				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....				
TOTAL This Period (Voter ID)				
TOTAL This Period (GOTV).....				
TOTAL This Period (Generic Campaign Activity).....				
TOTAL This Period (Total Amount of Transfers Received)				

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
		LEVIN SHARE		
TOTAL This Period for the Levin Share				

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**SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)
Monmouth County Democrat, Victory 2004

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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 COMMITTEE (In Full)
Monmouth County Democratic Victory 2004

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$. . . Aggregate Year-to-Date \$. . .
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$. . . Aggregate Year-to-Date \$. . .
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$. . . Aggregate Year-to-Date \$. . .
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$. . . Aggregate Year-to-Date \$. . .
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	

SUBTOTAL of Receipts This Page (optional)..... ▶	\$. . .
TOTAL This Period (last page this line number only)..... ▶	\$. . .

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
Monmouth County Democrats Victory 2004

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$. .

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$. .

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$. .

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$. .

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$. .

SUBTOTAL of Disbursements This Page (optional).....▶ \$. .

TOTAL This Period (last page this line number only).....▶ \$. .

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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

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business 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): Date of Receipt or Postmarked


 PREPARER
 (3/2005)

3/26/07
 DATE PREPARED

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