

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: 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 07 / 31 / 2005

3. FEC IDENTIFICATION NUMBER

C C00407767

4. IS THIS STATEMENT

X

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 Victor V Scudiero

Signature of Treasurer Electronically Filed by Victor V Scudiero

Date 07 / 31 / 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

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
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- (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

Mailing Address _____

_____ - _____

CITY A

STATE A

ZIP CODE A

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 Victor V Scudieri

Mailing Address 1390 Route 36
Suite 105
Hazlet NJ 07730

Title or Position ▼ chairman-treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 732 - 793 - 1590

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 Victor V Scudieri

Mailing Address 1390 Route 36
Suite 105
Hazlet NJ 07730

Title or Position ▼ chairman-treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 732 - 793 - 1590

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number _____ - _____ - _____

