

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

ADDRESS (number and street)

473 BROADWAY

PO BOX 3037

Check if different than previously reported. (ACC)

LONG BRANCH

NJ

07740

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00407767

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

x July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

08

30

2005

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 Scudery

Signature of Treasurer

Electronically Filed by Victor V Scudery

Date

08

07

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		2947.86
(b) Cash on Hand at Beginning of Reporting Period	2947.86	
(c) Total Receipts (from Line 19)	5000.00	5000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7947.86	7947.86
7. Total Disbursements (from Line 31)	7831.42	7831.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	116.44	116.44
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	6000.00	

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Write or Type Committee Name

MONMOUTH COUNTY DEMOCRATS VICTORY 2004

Report Covering the Period: From: ^M01 ⁻01 ⁻2005^Y To: ^M06 ⁻30 ⁻2005^Y

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	5000.00	5000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5000.00	5000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5000.00	5000.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2831.42	2831.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2831.42	2831.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7831.42	7831.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7831.42	7831.42

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-5000.00	-5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2831.42	2831.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2831.42	2831.42

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

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

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. PALLONE FOR CONGRESS		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address PD BOX 3178		Transaction ID: SA12.4758
City	State	Zip Code
LONG BRANCH	NJ	07740
FEC ID number of contributing federal political committee. C C00226828		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	transfer of funds
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address PD BOX 3178		Transaction ID: SA12.4759
City	State	Zip Code
LONG BRANCH	NJ	07740
FEC ID number of contributing federal political committee. C C00226828		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	transfer of funds
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
MONMOUTH COUNTY DEMOCRATS VICTORY 2004

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.4762 Date of Disbursement 01 / 27 / 2005	
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 1184.00	
City Newark State NJ Zip Code 07101	Purpose of Disbursement postage	Category/ Type 001	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Kate Burlett		Transaction ID: SB21B.4770 Date of Disbursement 03 / 18 / 2005	
Mailing Address 15 Wardell Place		Amount of Each Disbursement this Period 1000.00	
City Ocean State NJ Zip Code 07712	Purpose of Disbursement salary	Category/ Type 001	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.4771 Date of Disbursement 04 / 22 / 2005	
Mailing Address P.O. Box 4B33		Amount of Each Disbursement this Period 258.46	
City Trenton State NJ Zip Code 08650	Purpose of Disbursement phone bill	Category/ Type 001	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	2442.46
TOTAL This Period (last page this line number only)	2442.46

**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)

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<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONMOUTH COUNTY DEMOCRATS VICTORY 2004

Full Name (Last, First, Middle Initial)
A. New Jersey State Laborers' PAC

Mailing Address 104 Interchange Place
Suite 301

City Monroe State NJ Zip Code 08831

Purpose of Disbursement
refund of excessive contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

010
Category/
Type

Transaction ID: SB28C.4772

Date of Disbursement

04 / 22 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 / 9
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
 MONMOUTH COUNTY DEMOCRATS VICTORY 2004

Transaction ID: SC/10.4726

LOAN SOURCE Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3176	
City LONG BRANCH State NJ ZIP Code 07740	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 th 02 nd 2004		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	6000.00
TOTALS This Period (last page in this line only)	6000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	