

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 14 APR 15 PM 4:43

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SABRIN FOR SENATE 2014

ADDRESS (number and street)

109 MERCER ST



Check if different than previously reported. (ACC)

HIGHTSTOWN

NJ

08520

2. FEC IDENTIFICATION NUMBER

C C00557447

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NJ

00

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 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2014

through

MM / DD / YYYY

MM / DD / YYYY

2014

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 Neil Schloss CPA

Signature of Treasurer Neil Schloss CPA

Date

MM / DD / YYYY

MM / DD / YYYY

2014

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 3 (Revised 02/2003)

14020192053

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 19

Write or Type Committee Name

**SABRIN FOR SENATE 2014**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	39642.00	39642.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	39642.00	39642.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	6927.38	6927.38
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	6927.38	6927.38
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	42714.62	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	10000.00	

**For further information contact:**

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

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

14020192054

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

**SABRIN FOR SENATE 2014**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2014

To:

MM / DD / YYYY  
03 / 31 / 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

36548.00

36548.00

(ii) Unitemized.....

3094.00

3094.00

(iii) TOTAL of contributions from individuals .

39642.00

39642.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

39642.00

39642.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

10000.00

10000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

49642.00

49642.00

14020192055

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	6927.38	6927.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. 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) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6927.38	6927.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	49642.00
25. SUBTOTAL (add Line 23 and Line 24)...	49642.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	6927.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	42714.62

14020192056

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

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

FOR LINE NUMBER: PAGE 5 OF 19  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Elaine Adler**

Mailing Address 910 Franklin Lakes Road

City State Zip Code  
Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2014

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Myron Adler**

Mailing Address 910 Franklin Lakes Road

City State Zip Code  
Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2014

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Alan Ashkinaze**

Mailing Address 364 Chapin Court

City State Zip Code  
Oradell NJ 07649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self- Alan S. Ashkinaze, Esq. attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2014

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5450.00

14020192057

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 OF 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

Full Name (Last, First, Middle Initial)  
**A. John Bartel**

Mailing Address 6301 Windhaven Pkwy 313

City State Zip Code  
Plano TX 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CSC Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
288.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period  
288.00

Full Name (Last, First, Middle Initial)  
**B. Stephen Boswell**

Mailing Address 40 Midland Avenue

City State Zip Code  
Wyckoff NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2014

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Robert Henry Brown**

Mailing Address 751 Teaneck Road

City State Zip Code  
Teaneck NJ 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brown Eye Care Associates Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2014

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2288.00

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

14020192058

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

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Chris Cacchiola**

Mailing Address **757 morton street**

City **east rutherford** State **NJ** Zip Code **07073**

FEC ID number of contributing federal political committee. **C**

Name of Employer **bwm** Occupation **FA**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 21 / 2014**

Transaction ID : **SA11AI.4745**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Brian Cahill**

Mailing Address **11 Bartlett Ct.**

City **Matawan** State **NJ** Zip Code **07747**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Verizon** Occupation **Director**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11AI.4751**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Calandro**

Mailing Address **1431 Hidden Pond Dr**

City **Yardley** State **PA** Zip Code **19067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PwC** Occupation **Economist**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 24 / 2014**

Transaction ID : **SA11AI.4748**

Amount of Each Receipt this Period  
**260.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**760.00**

14020192059

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

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

FOR LINE NUMBER: PAGE 8 OF 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Dwight Carey**

Mailing Address **6544 Senator Lane**

City **Bensalem** State **PA** Zip Code **19020**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Temple Univ.** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**02 / 13 / 2014**

Transaction ID : **SA11AI.4732**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Alex Cocozziello**

Mailing Address **1 Broadway Suite 303**

City **Elmwood Park** State **NJ** Zip Code **07407**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Doctor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**02 / 21 / 2014**

Transaction ID : **SA11AI.4796**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**James D'Agostino**

Mailing Address **900 Laurie Lane**

City **Franklin Lakes** State **NJ** Zip Code **07417**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JD Companies** Occupation **Builder/developer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
**02 / 25 / 2014**

Transaction ID : **SA11AI.4750**

Amount of Each Receipt this Period  
**1500.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**4600.00**

14020192060



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

Full Name (Last, First, Middle Initial) <b>Barbara Epstein</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1399 Albatross Road		Transaction ID : SA11AI.4797
City Sanibel Island	State FL	Zip Code 33957
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>William Epstein</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1399 Albatross Road		Transaction ID : SA11AI.4815
City Sanibel Island	State FL	Zip Code 33957
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation N/A	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Christian Estrellado</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014
Mailing Address 21 Hollywood Ave.		Transaction ID : SA11AI.4743
City Emerson	State NJ	Zip Code 07630
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Independent Contractor	Occupation Independent Contractor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192061

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

Full Name (Last, First, Middle Initial) <b>Christian Estrellado</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2014	
Mailing Address 21 Hollywood Ave.			Transaction ID : SA11AI.4744	
City Emerson	State NJ	Zip Code 07630	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00		
Name of Employer Independent Contractor		Occupation Independent Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>Michael Fiala</b>			Date of Receipt MM / DD / YYYY 02 / 21 / 2014	
Mailing Address 113 B Palm Point Circle			Transaction ID : SA11AI.4746	
City Palm Beach Gardens	State FL	Zip Code 33418	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00		
Name of Employer retired		Occupation Administrator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>Michael Fleishman</b>			Date of Receipt MM / DD / YYYY 03 / 11 / 2014	
Mailing Address 26 Oak St			Transaction ID : SA11AI.4811	
City Tenafly	State NJ	Zip Code 07670	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2000.00		
Name of Employer N/A		Occupation N/A		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....			2750.00	
TOTAL This Period (last page this line number only).....				

14020192062

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

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

FOR LINE NUMBER: PAGE 11 OF 19  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Mark S Germain**

Mailing Address **505 Main Street**  
**Suite 214**

City **Hackensack** State **NJ** Zip Code **07601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 21 / 2014**

Transaction ID : **SA11AI.4810**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ken Goodwill**

Mailing Address **8875 Costa Verde Blvd Apt 1704**

City **San Diego** State **CA** Zip Code **92122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Takeda** Occupation **Pharmaceutical Research**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

Transaction ID : **SA11AI.4774**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Barry Knispel**

Mailing Address **28 Burning Hollow Rd**

City **saddle River** State **NJ** Zip Code **07458**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11AI.4758**

Amount of Each Receipt this Period  
**2600.00**

**SUBTOTAL** of Receipts This Page (optional) .....

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

**3750.00**

14020192063

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Robert B Larson, JD**

Mailing Address **5 Edgewater Lane**

City **Nyack** State **NY** Zip Code **10960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Law Office of Eric J. Ploumis** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 02 / 2014**

Transaction ID : **SA11AI.4753**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cologero Marasca**

Mailing Address **47 Carlston Street**

City **Westbury** State **NY** Zip Code **11590**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **03 / 07 / 2014**

Transaction ID : **SA11AI.4798**

Amount of Each Receipt this Period **300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Paul Muller**

Mailing Address **10 Catherien Court**

City **Hillsdale** State **NJ** Zip Code **07642**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Ridgewood Financial Advisors** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **02 / 24 / 2014**

Transaction ID : **SA11AI.4749**

Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1550.00**

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

14020192064

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

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

FOR LINE NUMBER: PAGE 13 OF 19  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**David J Palmieri**

Mailing Address 15 Cheryl Lane

City Millstone State NJ Zip Code 08510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 17 / 2014**

Transaction ID : **SA11AI.4741**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tina C Powell**

Mailing Address 8208 Warren's Way

City Wanaque State NJ Zip Code 07465

FEC ID number of contributing federal political committee. **C**

Name of Employer Beacon Wealth Management Occupation Director of Business Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 17 / 2014**

Transaction ID : **SA11AI.4767**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Thierry Rakotobe-Joel**

Mailing Address 29 Darin Rd

City Warwick State NY Zip Code 10990

FEC ID number of contributing federal political committee. **C**

Name of Employer Ramapo College of New Jersey Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 01 / 2014**

Transaction ID : **SA11AI.4752**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1750.00**

14020192065

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

Full Name (Last, First, Middle Initial) <b>David G Rosenthal</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2014		
Mailing Address PO Box 6968			Transaction ID : SA11AI.4739		
City East Brunswick	State NJ	Zip Code 08816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00			
Name of Employer New York University		Occupation Educator		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>Florence Sabrin</b>			Date of Receipt MM / DD / YYYY 03 / 13 / 2014		
Mailing Address 1500 Palisade Ave Apt 2F			Transaction ID : SA11AI.4805		
City Ft Lee	State NJ	Zip Code 07024	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2600.00			
Name of Employer N/A		Occupation Retired		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>Neil Schloss CPA</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2014		
Mailing Address 109 Mercer Street			Transaction ID : SA11AI.4738		
City Hightstown	State NJ	Zip Code 08520	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00			
Name of Employer N/A		Occupation CPA		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192066

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

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

FOR LINE NUMBER: PAGE 15 OF 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Diane Scirocco**

Mailing Address 1530 Palisade Ave  
Apt 23J

City Ft Lee State NJ Zip Code 07024

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2014

Transaction ID : SA11AI.4802

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**James Scirocco**

Mailing Address 1530 Palisade Ave  
Apt 23J

City Ft Lee State NJ Zip Code 07024

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2014

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary Turpanjian**

Mailing Address 580 Silver Spur Rd.

City Rancho Palos Verdes State CA Zip Code 90275

FEC ID number of contributing federal political committee. **C**

Name of Employer New Spark Holdings, Inc. Occupation Controller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2014

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7800.00

36548.00

14020192067

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A.** Full Name (Last, First, Middle Initial)  
**MURRAY SABRIN**

Mailing Address **1500 PALISADE AVE APT 2F**

City **FORT LEE** State **NJ** Zip Code **07024**

FEC ID number of contributing federal political committee. **C S8NJ00285**

Name of Employer **Ramapo College** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA13A.4101**

Amount of Each Receipt this Period  
**10000.00**

Loan

**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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**10000.00**

**10000.00**

14020192068



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

**A. CWP & Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 279 New Haven Ave  
Unit F

City Milford State CT Zip Code 06460

Purpose of Disbursement Fundraising

Candidate Name **SABRIN FOR SENATE 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 03 / 07 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.4818

Category/Type: 003

**B. Economic Policy Journal**

Full Name (Last, First, Middle Initial)

Mailing Address 156 Second Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Advertising

Candidate Name **SABRIN FOR SENATE 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.4816

Category/Type: 004

**C. Launch Cooperative**

Full Name (Last, First, Middle Initial)

Mailing Address 20 New Derby Street

City Salem State MA Zip Code 01970

Purpose of Disbursement Website

Candidate Name **SABRIN FOR SENATE 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 675.00

Transaction ID : SB17.4820

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 4175.00

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

14020192069

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**SABRIN FOR SENATE 2014**

Full Name (Last, First, Middle Initial) <b>A. Launch Cooperative</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 20 New Derby Street		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.4824
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement Website	Category/ Type 001
Candidate Name <b>SABRIN FOR SENATE 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 899.19 Transaction ID : SB17.4830
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Fees for Fundraising	Category/ Type 003
Candidate Name <b>SABRIN FOR SENATE 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2699.19
<b>TOTAL</b> This Period (last page this line number only).....	6874.19

14020192070

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SABRIN FOR SENATE 2014** Transaction ID : **SC/10.4101**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MURRAY SABRIN** [PERSONAL FUNDS] Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1500 PALISADE AVE APT 2F

City State ZIP Code  
 FORT LEE NJ 07024

Original Amount of Loan **10000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **10000.00**

**TERMS** Date Incurred **03/11/2014** Date Due **04/11/2014** Interest Rate **5.00** % (apr) Secured:  Yes  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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... **10000.00**

**TOTALS** This Period (last page in this line only) ... **10000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020192071

Sabrin for Senate 2014  
109 Mercer Street  
Hightstown, NJ 08520

PLEASE STICKER AT TOP OF ENVELOPE TO THE FRONT  
OF THE RETURN ADDRESS. FOLD AT SORTED LINE.  
**CERTIFIED MAIL™**

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OFFICE OF THE SENATE CLERK  
U.S. SENATE

Office of Public Records  
P.O. Box 77578  
Washington DC 20013-8578

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APR 10 2014  
SEARCHED  
SERIALIZED  
INDEXED  
0625000758999

14020192072

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HARY SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark **4/10/14**

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

- 
- 
- 
- 

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Date of Receipt

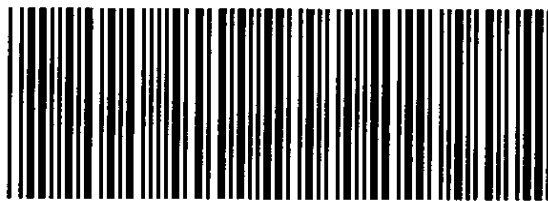
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-15-14**

14020192073



SEN PATCH

1



SEN PATCH

14020192074