

**FEC
 FORM 3**

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

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

06

03

2014

in the State of

NJ

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2014

through

05

14

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

Neil Schloss CPA

Date

05

19

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)

14020404244

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SABRIN FOR SENATE 2014

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
05 / 14 / 2014

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) ... | 6210.00 | 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)) ... | 6210.00 | 39642.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 27053.90 | 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)) ... | 27053.90 | 6927.38 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 21870.72 | |
| 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) ... | 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

14020404245

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

SABRIN FOR SENATE 2014

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 04 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2014 | | | |

 To:

| | |
|----|---|
| M | M |
| 05 | |

 /

| | |
|----|---|
| D | D |
| 14 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 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)...

4050.00

36548.00

(ii) Unitemized

2160.00

3094.00

(iii) TOTAL of contributions from individuals

6210.00

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))..

6210.00

39642.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

0.00

10000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

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

0.00

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)...

6210.00

49642.00

14020404246

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES... | 27053.90 | 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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 27053.90 | 6927.38 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ... | 42714.62 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 6210.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 48924.62 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 27053.90 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 21870.72 |

14020404247

**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 13
(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)
Nathan Borochov

Mailing Address 1500 Palisade Avenue

City State Zip Code
Fort Lee NJ 07024

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

Name of Employer Occupation
Optician Optician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 05 | | | 09 | | | 2014 | | | |

Transaction ID : **SA11AI.5095**

Amount of Each Receipt this Period
500.00

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

Mailing Address 3 Telegraph Hill Road

City State Zip Code
Holmdel NJ 07733

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

Name of Employer Occupation
Central Jersey Pathology Pathologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 05 | | | 03 | | | 2014 | | | |

Transaction ID : **SA11AI.5074**

Amount of Each Receipt this Period
300.00

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

Mailing Address 900 Laurie Lane

City State Zip Code
Franklin Lakes NJ 07417

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

Name of Employer Occupation
JD Companies Builder/developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 05 | | | 09 | | | 2014 | | | |

Transaction ID : **SA11AI.5076**

Amount of Each Receipt this Period
1000.00

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

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

1800.00

14020404248

**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 6 OF 13 |
| | <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)
Daniel D'Aquila

Mailing Address 1500 Palisades Avenue

City Fort Lee State NJ Zip Code 07024

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

Name of Employer Self-Employed Occupation Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank Di Pentima

Mailing Address 6 Mountain Lakes Rd

City Oakland State NJ Zip Code 07436

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

Name of Employer Pearson Occupation Finance Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
250.00

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

Mailing Address 231 Fellowship Road

City Moorestown State NJ Zip Code 08057

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period
250.00

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

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

1000.00

14020404249

**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 13 | |
| | (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

| | | | |
|---|----------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Fran Hackett | | | Date of Receipt MM / DD / YYYY 05 / 08 / 2014 |
| Mailing Address 1111 Clinton Terrace | | | Transaction ID : SA11AI.5075 |
| City South Plainfield | State NJ | Zip Code 07080 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation RETIRED | | Transaction ID : SA11AI.5100 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|----------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Peter Humphris | | | Date of Receipt MM / DD / YYYY 05 / 12 / 2014 |
| Mailing Address 14 Manassas Drive | | | Transaction ID : SA11AI.5100 |
| City Toms River | State NJ | Zip Code 08757 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Retired | Occupation Retired | | Transaction ID : SA11AI.5072 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|----------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Dwight Johnson | | | Date of Receipt MM / DD / YYYY 05 / 05 / 2014 |
| Mailing Address 143 Mansfield Blvd N | | | Transaction ID : SA11AI.5072 |
| City Cherry Hill | State NJ | Zip Code 08034 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Pennsylvania Real Estate Investment Tr | Occupation software engineer | | Transaction ID : SA11AI.5072 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | 4050.00 |

14020404250

**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 8 OF 13

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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)

A. Baseline Research

Mailing Address 11 Stoney Hill Road

City New Hope State PA Zip Code 18938

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 01 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 975.00 |
|--------|

Transaction ID : SB17.5128

| |
|-------------------|
| 001 |
| Category/ Type |

Full Name (Last, First, Middle Initial)

B. Brazer & Littell

Mailing Address PO Box 527

City Lebanon State NJ Zip Code 08833

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 01 / 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3500.00 |
|---------|

Transaction ID : SB17.5118

| |
|-------------------|
| 001 |
| Category/ Type |

Full Name (Last, First, Middle Initial)

C. Louis Crescitelli III

Mailing Address 40 Church Street

City Franklin State NJ Zip Code 07416

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 23 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Transaction ID : SB17.5125

| |
|-------------------|
| 001 |
| Category/ Type |

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

4975.00

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

14020404251

**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 9 OF 13 | | |
| | <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) A. Gallico Media LLC | | Date of Disbursement |
| Mailing Address PO Box 67 | | MM / DD / YYYY 04 / 21 / 2014 |
| City Bedford | State NJ | Zip Code 07718 |
| Purpose of Disbursement | Category/ Type 004 | Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5106 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input 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: | District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Kelly Ann Hart | | Date of Disbursement |
| Mailing Address 47 Fox Tail Lane | | MM / DD / YYYY 04 / 16 / 2014 |
| City Hamburg | State NJ | Zip Code 07419 |
| Purpose of Disbursement | Category/ Type 001 | Amount of Each Disbursement this Period 5535.50 Transaction ID : SB17.5123 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input 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: | District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Virginia Littell | | Date of Disbursement |
| Mailing Address PO Box 527 | | MM / DD / YYYY 04 / 09 / 2014 |
| City Lebanon | State NJ | Zip Code 08833 |
| Purpose of Disbursement | Category/ Type 001 | Amount of Each Disbursement this Period 590.00 Transaction ID : SB17.5121 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input 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: | District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6725.50 |
| TOTAL This Period (last page this line number only)..... | |

14020404252

**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 10 OF 13 | |
| | <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. Charles Measley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 127

City Rumson State NJ Zip Code 07760

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.5110

Category/Type: 001

B. New Jersey Right to Life
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52

City Morristown State NJ Zip Code 07963

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 410.00

Transaction ID : SB17.5144

Category/Type: 004

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

Mailing Address 52 N Main St

City Marlboro State NJ Zip Code 07746

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 04 / 23 / 2014

Amount of Each Disbursement this Period: 235.40

Transaction ID : SB17.5134

Category/Type: 006

SUBTOTAL of Disbursements This Page (optional) 3245.40

TOTAL This Period (last page this line number only)

14020404253

**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 11 OF 13

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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)

A. Parkway Printing

Mailing Address 52 N Main St

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 23 / 2014 |

City Marlboro State NJ Zip Code 07746

Amount of Each Disbursement this Period

| |
|---------|
| 1086.05 |
|---------|

Purpose of Disbursement

| |
|-----|
| 006 |
|-----|

Transaction ID : SB17.5135

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Save Jersey Advertising

Mailing Address 313 White Horse Pike

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 01 / 2014 |

City Haddon Heights State NJ Zip Code 08035

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement

| |
|-----|
| 004 |
|-----|

Transaction ID : SB17.5103

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Scott St. Clair

Mailing Address 108 Crest Dr

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 01 / 2014 |

City Belleville State NJ Zip Code 07109

Amount of Each Disbursement this Period

| |
|---------|
| 3622.73 |
|---------|

Purpose of Disbursement

| |
|-----|
| 001 |
|-----|

Transaction ID : SB17.5113

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

5958.78

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

14020404254

**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 12 OF 13 | |
| | <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) A. Scott St. Clair | | Date of Disbursement MM / DD / YYYY 05 / 01 / 2014 |
| Mailing Address 108 Crest Dr | | Amount of Each Disbursement this Period 3707.79 Transaction ID : SB17.5116 |
| City Belleville | State NJ | |
| Zip Code 07109 | Purpose of Disbursement 001 Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input 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: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. The Traz Group | | Date of Disbursement MM / DD / YYYY 04 / 01 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 1940.00 Transaction ID : SB17.5130 |
| City Medford | State NJ | |
| Zip Code 08055 | Purpose of Disbursement 001 Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input 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: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | |
| 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: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5647.79 |
| TOTAL This Period (last page this line number only)..... | 26552.47 |

14020404255

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

SABRIN FOR SENATE 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MURRAY SABRIN

Primary

General

Other (specify) ▼

Mailing Address

1500 PALISADE AVE APT 2F

City

State

ZIP Code

FORT LEE

NJ

07024

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

11

2014

04/11/2014

5.00

% (apr)

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:

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)...

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.

NANCY ERICKSON
SECRETARY

DANA K. MEDALLUM
SUPERINTENDENT
HARRIS WASTE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt

USPS FIRST CLASS MAIL _____

USPS REGISTERED/CERTIFIED _____
Postmark **5/19/14**
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DEL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

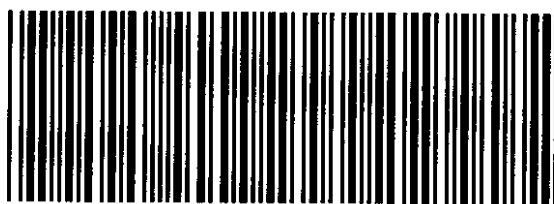
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **5-30-14**

14020404258



SEN PATCH

c



SEN PATCH

14020404259