

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC
15 APR 22 PM 12:19
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

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY

MM/DD/YYYY

2015

through

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

2015

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

MM/DD/YYYY

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)

15020163378

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SABRIN FOR SENATE 2014

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 03 / 31 / 2015

	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))..	50.00	59271.00
(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))...	50.00	59271.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	538.25	82099.24
(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))...	538.25	82099.24
8. Cash on Hand at Close of Reporting Period (from Line 27)...	243.24	
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)...	23500.00	

For further information contact:

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

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

15020163379

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 9

Write or Type Committee Name

SABRIN FOR SENATE 2014

Report Covering the Period: From:

M M / D D / Y Y Y Y
01 / 01 / 2015

To:

M M / D D / Y Y Y Y
03 / 31 / 2015

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)...

50.00

49897.00

(ii) Unitemized.....

0.00

9374.00

(iii) TOTAL of contributions from individuals

50.00

59271.00

(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))..

50.00

59271.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

0.00

23000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

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

0.00

23000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

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

0.00

71.48

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

50.00

82342.48

15020165380

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	538.25	82099.24
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) ▶	538.25	82099.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	731.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	50.00
25. SUBTOTAL (add Line 23 and Line 24)...	781.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	538.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	243.24

**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 9
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
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
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11A1.5379

Amount of Each Receipt this Period
50.00

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 / D D / 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 / D D / 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).....

50.00

50.00

15020163382

**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

A. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement Fee

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: MM/DD/YYYY 03/03/2015

Amount of Each Disbursement this Period: 2.25

Transaction ID : SB17.5380

Category/Type: 001

B. Castle Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 109 Mercer Street

City Hightstown State NJ Zip Code 08520

Purpose of Disbursement Accounting & Legal Work

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: MM/DD/YYYY 03/31/2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.5377

Category/Type: 001

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address

City Hightstown State NJ Zip Code 08520

Purpose of Disbursement

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: MM/DD/YYYY 03/30/2015

Amount of Each Disbursement this Period: 36.00

Transaction ID : SB17.5381

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 538.25

TOTAL This Period (last page this line number only)..... 538.25

15020165583

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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1500 PALISADE AVE APT 2F		
City FORT LEE	State NJ	ZIP Code 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: <input type="checkbox"/> Yes <input checked="" 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)...	10000.00
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.	

15020163384

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **SABRIN FOR SENATE 2014** Transaction ID : **SC/10.5324**

LOAN SOURCE Full Name (Last, First, Middle Initial) MURRAY SABRIN	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
13000.00	0.00	13000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 19 / Y 2014	M M / D D / Y 07/19/2014	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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)...	13000.00
TOTALS This Period (last page in this line only)...	23000.00

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 D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SABRIN FOR SENATE 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Castle Consulting, LLC

Nature of Debt (Purpose):
Accounting and Legal

Mailing Address 109 Mercer Street

City State Zip Code
Hightstown NJ 08520

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.5374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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) ...

500.00

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

500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

23000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

23500.00

15020163366

1502016537

Subinfor Senate 2014
Castle Consulting, LLC
109 Mercer Street
Hightstown, NJ 08520-3713

06250000759699
\$8.450
US POSTAGE
FIRST-CLASS
FROM 08520
APR 15 2015
stamps.com

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7014 2870 0000 0214 8862

Searched by
Senate Post Office

APR 20 2014



Office of Public Records
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Washington DC 20510-7116

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APR 20 2014

U.S. SENATE
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10-065944



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Date of Receipt Postmark

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Postmark

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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"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

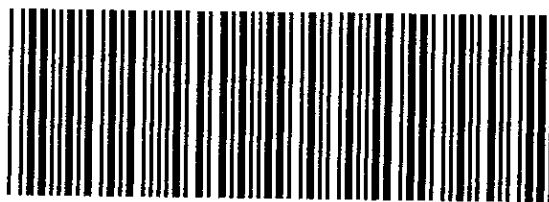
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

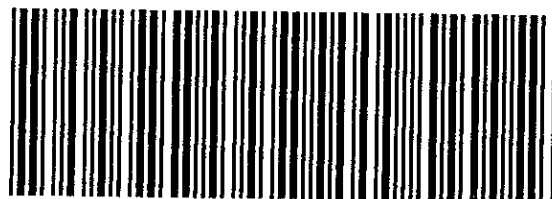
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-22-15

15020163388



SEN PATCH



SEN PATCH

15020163389