

**FEC FORM 3**

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

SECRETARY OF THE SENATE

14 JUL 21 PM 1:49  
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00557447 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 M M / in the State of  
(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M / Y Y / in the State of

5. Covering Period M M / D D / Y Y Y Y 05 15 2014 through M M / D D / Y Y Y Y 06 30 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 07 11 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.

14020621559

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**SABRIN FOR SENATE 2014**

Report Covering the Period: From: <sup>M M</sup> 05 / <sup>D D</sup> 15 / <sup>Y Y</sup> 2014 To: <sup>M M</sup> 06 / <sup>D D</sup> 30 / <sup>Y Y Y Y</sup> 2014

	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)) ..	12769.00	58621.00
(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)) ...	12769.00	58621.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	46994.66	80975.94
(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))...	46994.66	80975.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	<b>645.06</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	<b>23000.00</b>	

**For further information contact:**

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

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

14020621560

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**SABRIN FOR SENATE 2014**

Report Covering the Period: From: 05 / 15 / 2014 To: 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	8999.00	49597.00
(ii) Unitemized .....	3770.00	9024.00
(iii) TOTAL of contributions from individuals .	12769.00	58621.00
(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))..	12769.00	58621.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>		
	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	13000.00	23000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	13000.00	23000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>		
	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	0.00
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	25769.00	81621.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	46994.66	80975.94
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) ►	46994.66	80975.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	21870.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	25769.00
25. SUBTOTAL (add Line 23 and Line 24)...	47639.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	46994.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	645.06

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**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 5 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	

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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bill Asdal</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 76 Rt 24		Transaction ID : SA11AI.5224	
City State Zip Code Chester NJ 07930	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation self real estate management		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
Full Name (Last, First, Middle Initial) <b>B. Robert Bonuck</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 1500 Palisades Ave Apt. 3A		Transaction ID : SA11AI.5158	
City State Zip Code Fort Lee NJ 07024	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Real Estate Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
Full Name (Last, First, Middle Initial) <b>C. Brian Cahill</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 11 Bartlett Ct.		Transaction ID : SA11AI.5190	
City State Zip Code Matawan NJ 07747	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Verizon Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		750.00	
<b>TOTAL</b> This Period (last page this line number only).....		750.00	

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**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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

Full Name (Last, First, Middle Initial) <b>A. Roy Conover</b>		Date of Receipt M M D D Y Y Y Y 05 21 2014
Mailing Address 1235 Windsor Edinburg Road		Transaction ID : SA11AI.5160
City West Windsor	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard A DeSilva</b>		Date of Receipt M M D D Y Y Y Y 05 17 2014
Mailing Address 525 Campgaw Rd		Transaction ID : SA11AI.5186
City Mahwah	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Michael Doherty</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
Mailing Address 5 Mountain Ridge Drive		Transaction ID : SA11AI.5166
City Oxford	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lawyer	Occupation Lawyer	Election Cycle-to-Date 500.00
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).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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**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 7 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>Mr. Stephen G. Dormer</b>		Date of Receipt M M D D Y Y Y Y 05 15 2014
Mailing Address 3 Lilline Lane		<b>Transaction ID : SA11AI.5178</b>
City State Zip Code Upper Saddle River NJ 07458-1819		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer Charter Strategies, LLC.	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Michael Fiala</b>		Date of Receipt M M D D Y Y Y Y 05 15 2014
Mailing Address 113 B Palm Point Circle		<b>Transaction ID : SA11AI.5182</b>
City State Zip Code Palm Beach Gardens FL 33418		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer retired	Occupation Administrator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Kamin</b>		Date of Receipt M M D D Y Y Y Y 05 15 2014
Mailing Address 13 Downstream Drive		<b>Transaction ID : SA11AI.5154</b>
City State Zip Code Flanders NJ 07836		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kamin Consulting Group	Occupation Govt Affairs Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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**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 8 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>Ms. Ann Kievit</b>			Date of Receipt M M D D Y Y Y Y 05 28 2014
Mailing Address 29 Dogwood Trail			<b>Transaction ID : SA11AI.5265</b>
City Stockholm	State NJ	Zip Code 07460	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00
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 450.00		

Full Name (Last, First, Middle Initial) <b>Ms. Ann Kievit</b>			Date of Receipt M M D D Y Y Y Y 06 03 2014
Mailing Address 29 Dogwood Trail			<b>Transaction ID : SA11AI.5318</b>
City Stockholm	State NJ	Zip Code 07460	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00
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 700.00		

Full Name (Last, First, Middle Initial) <b>Mr. Thomas MacArthur</b>			Date of Receipt M M D D Y Y Y Y 06 10 2014
Mailing Address 77 East Water Street, Unit 24			<b>Transaction ID : SA11AI.5320</b>
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 299.00
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 299.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	799.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 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"/> 11e
12	13a	13b	14	15

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

Full Name (Last, First, Middle Initial) <b>william p mcbride</b>			Date of Receipt M M D D Y Y Y Y 05 20 2014		
A. Mailing Address 710 franklin lake rd			Transaction ID : SA11AI.5194		
City franklin lakes	State NJ	Zip Code 07417	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer mcbride agency Realtor		
Name of Employer mcbride agency Realtor			Occupation real estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Robert McGee</b>			Date of Receipt M M D D Y Y Y Y 05 19 2014		
B. Mailing Address 931 Kensington Park Road			Transaction ID : SA11AI.5189		
City Fayetteville	State NC	Zip Code 28311	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer Fayetteville State University		
Name of Employer Fayetteville State University			Occupation professor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>Paul Muller</b>			Date of Receipt M M D D Y Y Y Y 05 15 2014		
C. Mailing Address 10 Catherien Court			Transaction ID : SA11AI.5181		
City Hillsdale	State NJ	Zip Code 07642	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Ridgewood Financial Advisors		
Name of Employer Ridgewood Financial Advisors			Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020621567

**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
<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Karl J. Norgaard</b>		Date of Receipt MM/DD/YYYY 05/16/2014
Mailing Address 184 Grand Avenue		Transaction ID : SA11AI.5184
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Norgaard O'Boyle	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>David J Palmieri</b>		Date of Receipt MM/DD/YYYY 05/21/2014
Mailing Address 15 Cheryl Lane		Transaction ID : SA11AI.5212
City Millstone	State NJ	Zip Code 08510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Mr. Robert Pepe</b>		Date of Receipt MM/DD/YYYY 05/21/2014
Mailing Address P.o. Box 218		Transaction ID : SA11AI.5218
City Pennsburg	State PA	Zip Code 18073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation SEMI-RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020621568

**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 11 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>Tom Quigley</b>		Date of Receipt MM/DD/YYYY 05/21/2014
Mailing Address 14 Henderson Court		Transaction ID : SA11AI.5214
City Pompton Lakes	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer XCEL Federal Credit Union	Occupation Director of Marketing	Transaction ID : SA11AI.5214
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Mr. J Schiller</b>		Date of Receipt MM/DD/YYYY 05/21/2014
Mailing Address 117 Harding Avenue		Transaction ID : SA11AI.5200
City Moorestown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer WW	Occupation Mgmt	Transaction ID : SA11AI.5200
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Richard Simon</b>		Date of Receipt MM/DD/YYYY 05/21/2014
Mailing Address 1500 Palisades Ave		Transaction ID : SA11AI.5162
City Fort Lee	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	Transaction ID : SA11AI.5162
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).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020621569

**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"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial) <b>Charles G Ward</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014		
A. Mailing Address 99 Candlewood Drive			<b>Transaction ID : SA11AI.5213</b>		
City Mantua	State NJ	Zip Code 08051	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period 350.00		

Full Name (Last, First, Middle Initial) <b>Donna M Ward</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014		
B. Mailing Address 99 Candlewood Dr.			<b>Transaction ID : SA11AI.5205</b>		
City Mantua	State NJ	Zip Code 08051	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period 300.00		

Full Name (Last, First, Middle Initial) <b>Theresa J Yarosh</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014		
C. Mailing Address 27 Manor Drive			<b>Transaction ID : SA11AI.5264</b>		
City Andover	State NJ	Zip Code 07821	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer Macro Wealth Management, LLC		Occupation Founder and President	Amount of Each Receipt this Period 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	8999.00

14020621570

**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 13 OF 19		
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

Full Name (Last, First, Middle Initial) <b>MURRAY SABRIN</b>		Date of Receipt MM/DD/YYYY 05/19/2014
A. Mailing Address 1500 PALISADE AVE APT 2F		Transaction ID : SA13A.5324
City FORT LEE	State NJ	
FEC ID number of contributing federal political committee. C S8NJ00285		Amount of Each Receipt this Period 13000.00
Name of Employer Ramapo College	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	13000.00

14020621571

**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. Anedot</b>		Date of Disbursement M M D D Y Y Y Y 06 16 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 448.90 <b>Transaction ID : SB17.5351</b>
City Baton Rouge	State LA	
Purpose of Disbursement	Zip Code 70808	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. Clear Channel Radio</b>		Date of Disbursement M M D D Y Y Y Y 05 21 2014
Mailing Address 45 Mitchell Ave		Amount of Each Disbursement this Period 2504.00 <b>Transaction ID : SB17.5325</b>
City Franklin	State NJ	
Purpose of Disbursement Advertising	Zip Code 07416	Category/ Type 004
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. Facebook</b>		Date of Disbursement M M D D Y Y Y Y 05 27 2014
Mailing Address		Amount of Each Disbursement this Period 751.06 <b>Transaction ID : SB17.5331</b>
City	State	
Purpose of Disbursement	Zip Code	Category/ Type 004
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3703.96
<b>TOTAL</b> This Period (last page this line number only).....	

14020621572

**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 15 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**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement 06 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 183.92 Transaction ID : SB17.5339
City	State Zip Code	
Purpose of Disbursement	004 Category/ Type	
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. Charles Measley</b>		Date of Disbursement 06 / 02 / 2014
Mailing Address PO Box 127		Amount of Each Disbursement this Period 2150.00 Transaction ID : SB17.5342
City	State Zip Code	
Rumson NJ 07760		
Purpose of Disbursement	001 Category/ Type	
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. Telephone Town Hall Meeting Inc.</b>		Date of Disbursement 06 / 15 / 2014
Mailing Address 958 Coneflower Drive		Amount of Each Disbursement this Period 1687.92 Transaction ID : SB17.5347
City	State Zip Code	
Golden CO 80401		
Purpose of Disbursement	006 Category/ Type	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4021.84
<b>TOTAL</b> This Period (last page this line number only).....	

14020621573

**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. The Traz Group</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 18 Pendleton Court		Amount of Each Disbursement this Period 3012.81 Transaction ID : SB17.5344
City Medford	State NJ	
Purpose of Disbursement		006 Category/ Type
Candidate Name <b>SABRIN FOR SENATE 2014</b>		
Office Sought: <input 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. The Traz Group</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 18 Pendleton Court		Amount of Each Disbursement this Period 10035.00 Transaction ID : SB17.5345
City Medford	State NJ	
Purpose of Disbursement		006 Category/ Type
Candidate Name <b>SABRIN FOR SENATE 2014</b>		
Office Sought: <input 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. The Traz Group</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 18 Pendleton Court		Amount of Each Disbursement this Period 15991.87 Transaction ID : SB17.5346
City Medford	State NJ	
Purpose of Disbursement		006 Category/ Type
Candidate Name <b>SABRIN FOR SENATE 2014</b>		
Office Sought: <input 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29039.68
<b>TOTAL</b> This Period (last page this line number only).....	

14020621574



**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. Townsquare Media</b>		Date of Disbursement M M / D D Y Y Y Y 05 23 2014	
Mailing Address 109 Walters Ave		Amount of Each Disbursement this Period 10010.00 Transaction ID : SB17.5327	
City Trenton	State NJ	Zip Code 08638	Category/ Type 004
Purpose of Disbursement Advertising			
Candidate Name <b>SABRIN FOR SENATE 2014</b>		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<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.</b>		Date of Disbursement M M	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10010.00
<b>TOTAL</b> This Period (last page this line number only).....	46775.48

14020621575

**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	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)	<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:

<b>SUBTOTALS</b> This Period This Page (optional)...	10000.00
<b>TOTALS</b> 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.

14020621576

**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/10.5324

**SABRIN FOR SENATE 2014**

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

[PERSONAL FUNDS]

Election: 2014

**MURRAY SABRIN**

Primary

Mailing Address  
1500 PALISADE AVE APT 2F

General

Other (specify) ▼

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:
05 <sup>M</sup> / 19 <sup>D</sup> / 2014 <sup>Y</sup>	07/19/2014 <sup>Y</sup>	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)...

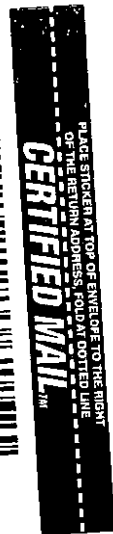
▶ 13000.00

**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.

Sabrin For Senate 2014  
109 Mercer Street  
Hightstown, NJ 08520



7014 0150 0001 7278 6425

08250000759699  
US POSTAGE  
\$8.450  
FIRST CLASS  
FROM 08520  
JUL 14 2014  
Stamps.com



Office of Public Records  
Attn: Secretary of the Senate  
P.O. Box 77578  
Washington DC 20013-8578

SCREENED  
BY THE SENATE  
POST OFFICE

8 2 5 1 T 2 9 0 2 0 4 T

JANICY ERICKSON  
SECRETARY

NA K. MCCALLUM  
SUPPORTMENT  
DATE OFFICE  
SUMER 232  
WASHINGTON, DC 20510-7111  
PHONE (202) 224-0222

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

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

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark **7/14/14**

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 \_\_\_\_\_

UPS \_\_\_\_\_

DEL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE

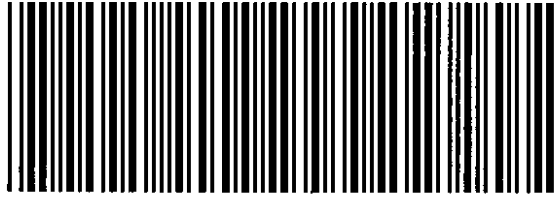
NO POSTMARK

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

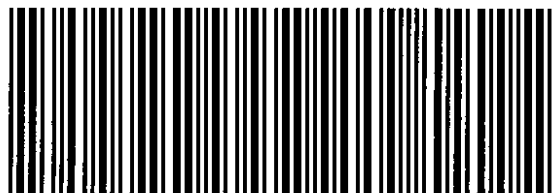
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **7-21-14**

14020621579



SEN PATCH



SEN PATCH

14020621580