

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

15 MAY 21 AM 11:32

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

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ZIP CODE

STATE DISTRICT

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

in the State of

(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 / 2015

through

05 / 15 / 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

05 / 15 / 2015

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)

15020171640

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 / 2015

To:

MM / DD / YYYY
05 / 15 / 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)) ..	0.00	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))...	0.00	59271.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	618.84	82718.08
(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))...	618.84	82718.08
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
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) ..	0.00	

For further information contact:

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

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

15020171641

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

SABRIN FOR SENATE 2014

Report Covering the Period: From:

M	M
04	01

 /

Y	Y	Y	Y
2015			

 To:

M	M
05	15

 /

Y	Y	Y	Y
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)...	0.00	49897.00
(ii) Unitemized.....	0.00	9374.00
(iii) TOTAL of contributions from individuals	0.00	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))..	0.00	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.)	375.60	447.08
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	375.60	82718.08

15020171642

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	618.84	82718.08
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) ▶	618.84	82718.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	243.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	375.60
25. SUBTOTAL (add Line 23 and Line 24)...	618.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	618.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

15020171643

**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 11
(check only one)

<input 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 checked="" type="checkbox"/> 14

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)
Townsquare Media

Mailing Address **109 Walters Ave**

City State Zip Code
Trenton NJ 08638

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.60

Date of Receipt
04 / 15 / 2015

Transaction ID : **SA15.5383**

Amount of Each Receipt this Period
375.60
Reimburse for unused Advertising

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

375.60
375.60

15020171644

**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 6 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Castle Consulting, LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 109 Mercer Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5384
City Hightstown	State NJ	
Zip Code 08520	Purpose of Disbursement Professional Fees	Category/ Type 001
Candidate Name MURRAY SABRIN	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. Castle Consulting, LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 109 Mercer Street		Amount of Each Disbursement this Period 106.84 Transaction ID : SB17.5385
City Hightstown	State NJ	
Zip Code 08520	Purpose of Disbursement Professional Fees	Category/ Type 001
Candidate Name MURRAY SABRIN	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) c. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.5386
City Hightstown	State NJ	
Zip Code 08520	Purpose of Disbursement Bank Fee	Category/ Type 001
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).....	618.84
TOTAL This Period (last page this line number only).....	618.84

15020171645

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	0.00

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:

SUBTOTALS This Period This Page (optional)... ▶ 0.00
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.

15020171646

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SC/10**

Transaction ID : **SC/10.4101**

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020171647

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
 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

13000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 / 19 / 2014

07 / 19 / 2014

4.00 % (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)...

0.00

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

0.00

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

15020171648

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SC/10**
Transaction ID : **SC/10.5324**

(Current loan amount of 13000.00 from a balance of 13000.00 has been forgiven)

Form/Schedule:
Transaction ID:

15020171649

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 500.00	Outstanding Balance at Close of This Period 0.00

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) ...	0.00
2) TOTALS This Period (last page this line number) ...	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...	

15020171650

Murray Sabrin
1500 Palisade Avenue, Apt. 2F
Fort Lee, NJ 07024

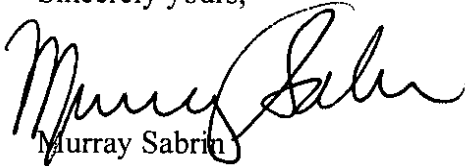
May 11, 2015

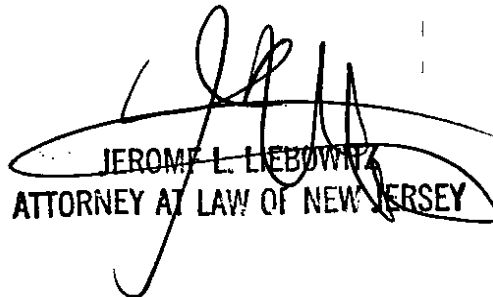
Mr. Neil Schloss
Treasurer
Sabrin for Senate 2014
109 Mercer Street
Hightstown, NJ 08520

Dear Neil:

This is to inform you that I forgive the Sabrin for Senate 2014 campaign for the loan I made to the campaign during the US Senate primary campaign in 2014.

Sincerely yours,


Murray Sabrin


JEROME L. LIEBOWITZ
ATTORNEY AT LAW OF NEW JERSEY

15020171651

15020171652

Castle Consulting, LLC
109 Mercer Street
Hightstown, NJ 08520

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Senate Post Office
MAY 19 2015

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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INSPECTION



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED **5-21-15**
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"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE POSTMARK

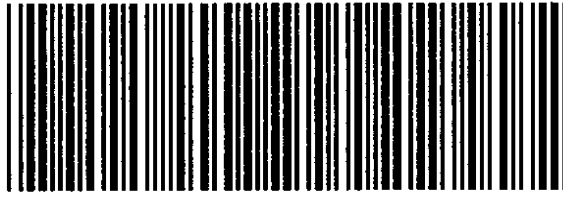
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

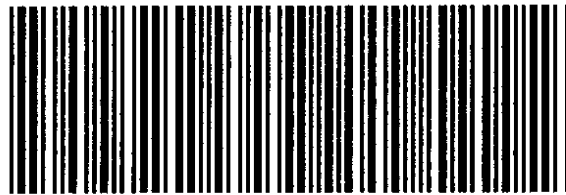
PREPARER **DH** DATE PREPARED **5-21-15**

2/28/2015

15020171653



SEN PATCH



SEN PATCH

15020171654