

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SABRIN FOR SENATE 2014

Report Covering the Period: From: ^{M M} 07 ^{D D} 01 ^{Y Y} 2014 To: ^{M M} 09 ^{D D} 30 ^{Y Y Y Y} 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)) ..	350.00	58971.00
(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)) ...	350.00	58971.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	536.00	81511.94
(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)) ...	536.00	81511.94
8. Cash on Hand at Close of Reporting Period (from Line 27)...	530.54	
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) ..	23000.00	

For further information contact:

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

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

14021203725

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:

M	M	D	D	Y	Y	Y
	07		01			2014

 To:

M	M	D	D	Y	Y	Y
	09		30			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)...	0.00	49597.00
(ii) Unitemized	350.00	9374.00
(iii) TOTAL of contributions from individuals .	350.00	58971.00
(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))..	350.00	58971.00
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.)	71.48	71.48
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	421.48	82042.48

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	536.00	81511.94
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	536.00	81511.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	645.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	421.48
25. SUBTOTAL (add Line 23 and Line 24)...	1066.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	536.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	530.54

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**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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. Charles Measley		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address PO Box 127		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5356
City Rumson	State NJ	
Zip Code 07760	Purpose of Disbursement Campaign Advisor	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:	

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

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	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

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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 **03/11/2014** Date Due **04/11/2014** Interest Rate **5.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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.

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SCHEDULE C (FEC Form 3)

LOANS

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

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FOR LINE NUMBER: (check only one) 13a 13b

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
 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	13000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 ^M 19 ^D 2014	07/19/2014	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

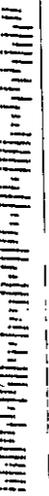
List All Endorsers or Guarantors (if any) to Loan Source

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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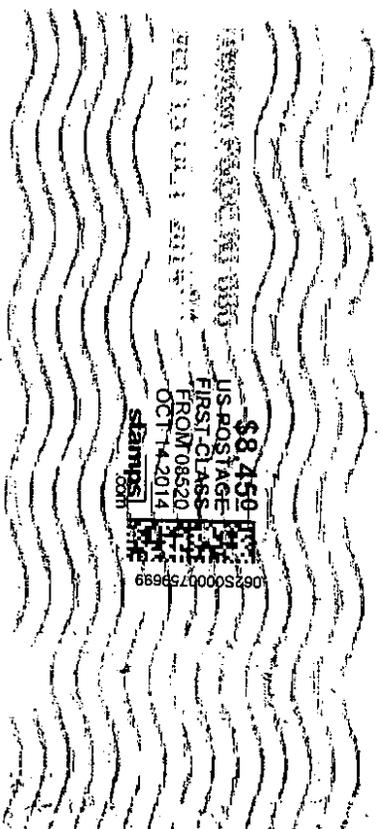
Sabrin for Senate 2014
109 Mercer Street
Hightstown, NJ 08520-3713

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



7014 0150 0001 7280 0657

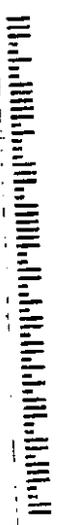
Office of Public Records
Attn: Secretary of the Senate
P.O. Box 77578
Washington DC 20013-8578



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\$8.459
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Stamps.com

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BY THE SENATE
POST OFFICE**

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUI
SUITE 232
WASHINGTON, DC 20510-7116
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 _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark **10/14/14**

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	_____	<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 NO POSTMARK

FAX _____
Date of Receipt

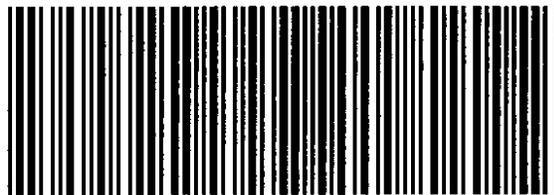
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **10/27/14**

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SEN PATCH



SEN PATCH

14021203733