FEC FORM 2 STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 APR | | PM 3: 12

(a) Name of Candidate (in full)			
MURRAY SABRIN (b) Address (number and street)	☐ Check if address ch	anged	2. FEC Candidate Identification Number
(b) Address (number and street) 500 PALISADE AVENUE, APT 2F		3. Is This New Amended	
(c) City, State, and ZIP Code FORT LEE, N.J. 07024			Statement (N) OR (A)
4. Party Affiliation LIBERTARIAN	5. Office Sought US SENATE	6. State & Dist	rict of Candidate EY
D	ESIGNATION OF PRINC	IPAL CAMPAIGI	N COMMITTEE
7. I hereby designate the following n	amed political committee as my Pri	ncipal Campaign Comr	mittee for the 2018 election(s).
	e filed with the appropriate office lis		(year of election)
(a) Name of Committee (in full)			
SABRIN FOR US	SENATE		
(b) Address (number and street)			
P.O. BOX 3333			
(c) City, State, and ZIP Code			
	VII VOV34		
CHERRY HILL, I	DESIGNATION OF OTHE	R AUTHORIZED	COMMITTEES wes)
I hereby authorize the following n candidacy.	DESIGNATION OF OTHEI (Including Joint Fu	ndraising Representation principal campaign co	COMMITTEES ves) mmittee, to receive and expend funds on behalf of my
8. I hereby authorize the following n candidacy. NOTE: This designation should b	DESIGNATION OF OTHEI (Including Joint Full) named committee, which is NOT my	ndraising Representation principal campaign co	ves)
I hereby authorize the following no candidacy.	DESIGNATION OF OTHEI (Including Joint Full) named committee, which is NOT my	ndraising Representation principal campaign co	ves)
8. I hereby authorize the following no candidacy. NOTE: This designation should be a candidacy (a) Name of Committee (in full)	DESIGNATION OF OTHEI (Including Joint Full) named committee, which is NOT my	ndraising Representation principal campaign co	wes) mmittee, to receive and expend funds on behalf of my
8. I hereby authorize the following normal candidacy. NOTE: This designation should be (a) Name of Committee (in full)	DESIGNATION OF OTHEI (Including Joint Full) named committee, which is NOT my	ndraising Representation principal campaign co	wes) mmittee, to receive and expend funds on behalf of my
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8. I hereby authorize the following nor candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have expected the state of Candidate	DESIGNATION OF OTHEI (Including Joint Fundamed committee, which is NOT my be filed with the principal campaign of the statement and to the statement and the	principal campaign concommittee.	mmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete. Date
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Sabrin For US Senate P.O. Box 3333 Cherry Hill, N.J. 08034

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sj C DANA K. MACCALLUM SUPERINTENDENT

> HART SENATE OFFICE BUILDING SUITE 232

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