

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Sabrin for Senate

ADDRESS (number and street)

c/o Murray Sabrin

1500 Palisade Ave - Suite 2F

X (Check if address is changed)

Fort Lee

[ NJ ]

[ 07024 ] - [ ]

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

msabrin@nj.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.murraysabrin.com

COMMITTEE'S FAX NUMBER

NONE

2. DATE 11 10 2008

3. FEC IDENTIFICATION NUMBER ► C C00443556

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher R. Whalen, CPA

Signature of Treasurer

Date 11 10 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

28020713402

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Murray Sabrin

Candidate Party Affiliation REP Office Sought: House  Senate  President  State NJ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation                      Corporation w/o Capital Stock                      Labor Organization
- Membership Organization                      Trade Association                      Cooperative

28020713403

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Murray Sabrin

Mailing Address 1500 Palisade Ave - Suite 2F

Fort Lee

NJ 07024

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 201-233-7763

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Murray Sabrin

Mailing Address 1500 Palisade Ave - Suite 2F

Fort Lee

NJ 07024

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 201-233-7763

Full Name of Designated Agent Murray Sabrin

Mailing Address 1500 Palisade Ave - Suite 2F

Fort Lee

NJ 07024

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 201-233-7763

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address

1045 Highway 34

Aberdeen

NJ

07747

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

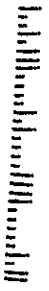
28020713405

Cohen & Whalen, LLC  
1075-D Route 34  
Matawan, NJ 07747

SECRETARY OF THE SENATE  
08 NOV 16 AM 10:24

SECRETARY OF THE SENATE  
ATTN: CHRISTOPHER RITCHIE  
232 HART SENATE OFFICE BUILDING  
WASHINGTON DC 20510

Screened by 20  
Post Office



90451702082

# 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

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 RD

DATE PREPARED 11-18-08

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