

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) Sabrin for U.S. Senate, Inc.		SECRETARY OF THE SENATE
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. PO Box 445		05 OCT 27 AM 10:27
CITY, STATE and ZIP CODE Leonia, NJ 07605	STATE/DISTRICT NJ 00	2. FEC IDENTIFICATION NUMBER C00344861
		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT


- | | |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ |
| <input type="checkbox"/> July 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____ |
| <input checked="" type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Termination Report |
| <input type="checkbox"/> January 31 Year End Report | |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | |

This Report Contains Activity For Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>7/1/2000</u> through <u>9/30/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$7,365.00	\$160,268.83
(b) Total Contribution Refunds (from Line 20(d))	\$27,000.00	\$32,936.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	(\$19,635.00)	\$127,330.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$8,809.12	\$167,078.10
(b) Total Offsets to Operating Expenditures (from Line 18)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$8,809.12	\$167,078.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$1,955.56	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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)	\$31,612.96	

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 Curt Schmidt	Date
Signature of Treasurer 	10/13/2000

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 8)

Name of Committee (in full) Sabrin for U.S. Senate, Inc. C00344881		Report Covering the Period: From: 7/1/2000 To: 9/30/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$1,650.00		11(a)(i)
(ii) Unitemized	\$765.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$2,415.00	\$145,866.83	11(a)(iii)
(b) Political Party Committees	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs)	\$4,950.00	\$14,400.00	11(c)
(d) The Candidate	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c), and (d))	\$7,365.00	\$160,266.83	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE	\$0.00	\$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	\$0.00	\$5,000.00	13(a)
(b) All Other Loans	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$5,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$7,365.00	\$165,266.83	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$8,809.12	\$167,078.10	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$7,000.00	19(a)
(b) Of All Other Loans	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$7,000.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	\$27,000.00	\$32,936.00	20(a)
(b) Political Party Committees	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$27,000.00	\$32,936.00	20(d)
21. OTHER DISBURSEMENTS	\$0.00	\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$35,809.12	\$207,014.10	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$30,399.68	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$7,365.00	24
25. SUBTOTAL (add Line 23 and Line 24)		\$37,764.68	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$35,809.12	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$1,955.56	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11(a) (i)

Contributions from Individuals

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 U.S. Senate, Inc.

C00344861

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brandon, Barbara 304 W. Northfield Rd Livingston NJ 07039 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	retired Aggregate Year-to-Date > \$250.00	7/10/2000	\$50.00
Meehan, Amanda 405 Keeli Ln Brielle NJ 08730 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	none Occupation housewife Aggregate Year-to-Date > \$450.00	7/3/2000	\$50.00
Moran, James 17 Donna Lane Midland Park NJ 07432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	retired Aggregate Year-to-Date > \$300.00	7/3/2000	\$100.00
Phillips, Ernest 6287 North Geneva Rd. odus NY 14551 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	self Occupation farmer Aggregate Year-to-Date > \$300.00	7/3/2000	\$50.00
Rosenberg, Robert 29 Main St. Toms River NJ 08753 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Rosenberg, Kirby and Cahill Occupation Attorney Aggregate Year-to-Date > \$400.00	7/3/2000	\$100.00
Ryan, Edward 25 Jefferson Road Scarsdale NY 10583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	information requested Aggregate Year-to-Date > \$300.00	7/3/2000	\$50.00
Scott, Joe PO Box 1167 Deerfield Beach FL 33442 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	information requested Aggregate Year-to-Date > \$1,000.00	7/13/2000	\$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$1,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Sabrin for U.S. Senate, Inc.

C00344851

<p>A. Full Name, Mailing Address and ZIP Code Young, Barbara 307 Mensinger Ave. Modesto CA 95350</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation housewife</p> <p>Aggregate Year-to-Date > \$750.00</p>	<p>Date (month, day, year) 7/10/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>>>> \$250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>>>> \$1,650.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER
1166

Contributions from Other Political Committees

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 U.S. Senate, Inc.

C00344861

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NRA, - Political Victory Fund 11250 Waples Mill Road Fairfax VA 22030	Occupation	7/26/2000	\$4,950.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$4,950.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional)	\$4,950.00
TOTAL This Period (last page this line number only)	\$4,950.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Sabrin for U.S. Senate, Inc.

C00344881

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ANJRPC PO Box 822 Pine Brook NJ 07058	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$192.00
B. Full Name, Mailing Address and ZIP Code Marbit Realty Corp. 255 Route 46 Totowa NJ 07512	Office Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/31/2000	\$725.09
C. Full Name, Mailing Address and ZIP Code Marbit Realty Corp. 255 Route 46 Totowa NJ 07512	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/30/2000	\$145.00
D. Full Name, Mailing Address and ZIP Code Mountaintop Media P.O. Box 578 Sparta NJ 07871	consulting and/or advertising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$259.92
E. Full Name, Mailing Address and ZIP Code Mountaintop Media P.O. Box 578 Sparta NJ 07871	consulting and/or advertising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$2,740.08
F. Full Name, Mailing Address and ZIP Code Mountaintop Media P.O. Box 578 Sparta NJ 07871	consulting and/or advertising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/10/2000	\$3,000.00
G. Full Name, Mailing Address and ZIP Code Schmidt, Curt 28 Whitehall Way Englishtown NJ 07726	Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/1/2000	\$220.00
H. Full Name, Mailing Address and ZIP Code Schmidt, Curt 28 Whitehall Way Englishtown NJ 07726	Travel Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/1/2000	\$280.00
I. Full Name, Mailing Address and ZIP Code Schmidt, Curt 28 Whitehall Way Englishtown NJ 07726	Travel Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$500.00

SUBTOTAL of Disbursements This Page (optional) **\$8,062.09**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)
Sabrin for U.S. Senate, Inc. **C00344861**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Sprint PO Box 569740 Dallas TX 75356	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$733.48
B. Full Name, Mailing Address and ZIP Code Steples Rt. 48 and Riverview Rd. Totowa NJ 07511	Payroll Expenses/Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/25/2000	\$13.55
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$747.03
TOTAL This Period (last page this line number only)	\$8,809.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detail of Summary Page

PAGE 1 OF 3

FOR LINE NUMBER
20(a)

Refunds of Contributions to Individuals

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NAME OF COMMITTEE (In Full)
Sabrin for U.S. Senate, Inc. **C00344861**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Abrams, Allan 104 E. Saddle River Rd. Saddle River NJ 07458	Refund of 1/12/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Anderson, Travis Sand Spring Lane Morristown NJ 07960	Refund of 3/15/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Book, Everard 1149 Brown Street Englewood FL 34224	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Boston, Rebecca 112 Stanley Avenue Nutley NJ 07110	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Brinck-Lund, Birger 105 Cedar Green Lane Berkeley Heights NJ 07822	Refund of 3/30/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Brinck-Lund, Bunny 105 Cedar Green Lane Berkeley Heights NJ 07822	Refund of 3/30/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Brunle, Charles 21 Elm Rock Road Bronxville NY 10708	Refund of 12/27/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Buchanan, Lloyd 28 Woodcrest Terrace Amawalk NY 10501	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Flanagan, Sean 3 Blanchet Court Florham Park NJ 07932	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) **\$9,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER
20(a)

Refunds of Contributions to Individuals

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NAME OF COMMITTEE (In Full)		C00344861	
A. Full Name, Mailing Address and ZIP Code Govel, Virginia 5 Riverview Drive Stuart FL 34996	Purpose of Disbursement Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/15/2000	Amount of Each Disbursement this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Govel, William 5 Riverview Drive Stuart FL 34996	Purpose of Disbursement Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/15/2000	Amount of Each Disbursement this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Hodgkiss, Peggy 536 Elmwood Terrace Linden NJ 07036	Purpose of Disbursement Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/13/2000	Amount of Each Disbursement this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Humphreys, Ethel Mae 2505 E 11th Joplin MO 64801	Purpose of Disbursement Refund of 12/23/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/13/2000	Amount of Each Disbursement this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Knispel, Barry 28 Burning Hollow Rd Saddle River NJ 07458	Purpose of Disbursement Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/13/2000	Amount of Each Disbursement this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Knispel, Isabel 28 Burning Hollow Rd Saddle River NJ 07458	Purpose of Disbursement Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/13/2000	Amount of Each Disbursement this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Knurek, Edward 3000 N. Ocean Drive West Palm Beach FL 33404	Purpose of Disbursement Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/15/2000	Amount of Each Disbursement this Period \$1,000.00
H. Full Name, Mailing Address and ZIP Code Knurek, Pauline 3000 N. Ocean Drive West Palm Beach FL 33404	Purpose of Disbursement Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/15/2000	Amount of Each Disbursement this Period \$1,000.00
I. Full Name, Mailing Address and ZIP Code Levin, Frayda 8000 River Road Number 3-D North Bergen NJ 07047	Purpose of Disbursement Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/13/2000	Amount of Each Disbursement this Period \$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$9,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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 U.S. Senate, Inc.** **C00344861**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Murray, Francis 1293 Farm Road Berwyn PA 19312	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
Murray, Francis 1200 S. Flagler Drive Number 602 West Palm Beach FL 33401	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
Murray, Patricia 1293 Farm Road Berwyn PA 19312	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
Quigley, Marianne PO Box 187 Pottersville NJ 07979	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
Quigley, Michael PO Box 187 Pottersville NJ 07979	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/2000	\$1,000.00
Sabrin, Max 300 Mercer Street New York NY 10003	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
Sabrin, Madeline 300 Mercer Street Apartment 17C New York NY 10003	Refund of 5/17/2000 Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
Simon, J. Peter Hidden Pond Farm, Village Road Green Village NJ 07935	Refund of 1/12/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00
Smith, Donald 332 Greenway Rd. Ridgewood NJ 07450	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$9,000.00
TOTAL This Period (last page this line number only)	\$27,000.00

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in full) **Sabrin for U.S. Senate, Inc.** C00344881

A. Full Name, Mailing Address and Zip Code of Loan Source
Sabrin, Murray
333 Crescent Ave.
Leonia, NJ 07005

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$72,100.00	\$44,600.00	\$27,500.00

Election: Primary General Other (Specify):

Terms: Date Incurred 1/11/1999 Date Due 6/6/2000 Interest Rate 0 %(apr) Secured

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
2. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
3. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: Primary General Other (Specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
2. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
3. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	\$27,500.00
TOTALS This Period (last page in this line only)	\$27,500.00

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

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

7/1/2000

TO

9/30/2000

Name of Committee (in Full) Sabrin for U.S. Senate, Inc.	C00549081	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Collier Jacob And Mills Richard Co 580 Howard Ave. Somerset NJ 08873		\$4,112.96	\$0.00	\$0.00	\$4,112.96
Nature of Debt (Purpose) Professional Services					
Full Name, Mailing Address and Zip Code of Debtor or Credit					
Nature of Debt (Purpose)					
Full Name, Mailing Address and Zip Code of Debtor or Credit					
Nature of Debt (Purpose)					
Full Name, Mailing Address and Zip Code of Debtor or Credit					
Nature of Debt (Purpose)					
Full Name, Mailing Address and Zip Code of Debtor or Credit					
Nature of Debt (Purpose)					
Full Name, Mailing Address and Zip Code of Debtor or Credit					
Nature of Debt (Purpose)					

1) SUBTOTALS This Period This Page (optional)	\$4,112.96
2) TOTALS This Period (last page in this line only)	\$4,112.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$27,500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$31,612.96

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED _____
Date of Receipt

 FAX (48-HOUR NOTICES) _____
Date of Receipt

 INSIDE MAIL _____
Date of Receipt

 **RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

 **RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

 FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL 10/16/00
Postmarked

 NO POSTMARK **POSTMARK ILLEGIBLE**

 OTHER (Specify): _____

 AIRBORNE EXPRESS

 EXPRESS MAIL

 FEDERAL EXPRESS

 UPS

Postmark and/or Date of Receipt

RD _____
Preparer Date Prepared