

Murray Sabrin

REPUBLICAN FOR U.S. SENATE

265A Route 46 West • Suite 3G-1, Totowa, NJ 07512 • Phone (973) 237-1740 • Fax (973) 237-9155

RECEIVED
FEC MAIL ROOM

2000
A 10 12

July 14, 2000

Ms. Pat Sheppard
Federal Election Commission
999 E Street, NW
Washington, DC 20463

00 JUL 18 PM 3.27

SECRETARY OF THE SENATE

As suggested by John Horton I am writing to explain the enclosed report. The amount on Line 8 (\$30,399.68) does not include refunds to contributors of the general election fund. The refunds that were made on July 13 and July 15 total \$27,000 and will be reflected in our next quarterly report.

Sincerely,



Curt Schmidt, Treasurer
(732) 446-0009

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 18 A 12-12

1. NAME OF COMMITTEE (in full)
Sabrin for U.S. Senate, Inc.

ADDRESS (number and street) Check if different than previously reported.
265A Route 46 West Suite 3G-1

CITY, STATE and ZIP CODE STATE/DISTRICT
Totowa, NJ 07512 NJ 00

2. FEC IDENTIFICATION NUMBER
C00344861

3. IS THIS REPORT AN AMENDMENT
 YES NO

RECEIVED,
SECRETARY OF THE SENATE
200 JUL 18 PM 3:27

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) _____
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5/18/2000 through 6/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$35,234.16	\$152,752.83
(b) Total Contribution Refunds (from Line 20(d))	\$5,906.00	\$5,936.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$29,328.16	\$146,816.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$55,748.59	\$160,066.99
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$1,798.01
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$55,748.59	\$158,268.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$30,399.66	
9. Debt and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debt and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$38,223.13	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9590
Local 202-219-3420

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**

Signature of Treasurer *Curt Schmidt* Date **7/14/2000**

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.

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FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Sabrin for U.S. Senate, Inc.		Report Covering the Period: From: 5/18/2000 To: 6/30/2000
C00344651		
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)	\$20,545.57	11044
(ii) Unitemized	\$11,688.59	11044
(iii) Total of Contributions from Individuals	\$32,234.16	\$143,302.83 11044
(b) Political Party Committees	\$0.00	\$0.00 11(b)
(c) Other Political Committees (such as PACs)	\$3,000.00	\$9,450.00 11(c)
(d) The Candidate	\$0.00	\$0.00 11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(ii),(iii), and (d))	\$35,234.16	\$152,752.83 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	\$1,798.01 14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00 15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$35,234.16	\$159,550.84 16
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$55,748.59	\$160,066.99 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$5,000.00	\$5,000.00 19(a)
(b) Of All Other Loans	\$0.00	\$0.00 19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$5,000.00	\$5,000.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$5,906.00	\$5,936.00 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))	\$5,906.00	\$5,936.00 20(d)
21. OTHER DISBURSEMENTS	\$0.00	\$0.00 21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$66,654.59	\$171,002.99 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$61,020.11	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$35,234.16	24
25. SUBTOTAL (add Line 23 and Line 24)	\$97,054.27	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$66,654.59	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$30,399.68	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate statements for each category of the Detailed Summary Page

PAGE 1 OF 11

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.** **CD0344861**

A. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Antosh, Jim 2307 Robinwood Shawnee OK 74801	self-employed Businessman > \$250.00	5/25/2000	\$250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ayers, John 1846 Baileys Corner Rd. Belmar NJ 07719	? Doctor > \$550.00	6/21/2000	\$50.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Beach, Bruce C., Sr. 1334 Tilton Road Northfield NJ 08225	State Farm Insurance Agent > \$400.00	6/29/2000	\$300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Berenson, Harold 20110 218th Ave. NE Woodinville WA 98072	Microsoft Corp. Engineer > \$300.00	5/20/2000	\$200.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bonds, Terry 601 Pelham Road So. Jacksonville AL 36265	self Optometry > \$323.00	5/27/2000	\$75.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Browne, Stephan 1 Cobblestone Ln Morristown NJ 07960	information requested > \$250.00	6/1/2000	\$50.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Butler, Mark J. 4 Jefferson Drive Flanders NJ 07836	William E. Simons and Son CFO > \$350.00	5/30/2000	\$350.00

SUBTOTAL of Receipts This Page (optional)	\$1,275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use only this schedule for each category of the Detailed Summary Page

PAGE 2 OF 11

FOR LINE NUMBER

11 (a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Sabrin for U.S. Senate, Inc.

C00344861

<p>A. Full Name, Mailing Address and ZIP Code Chan, Jeff 1353 Garthwick Dr. Los Altos CA 94024</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Verio</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/2/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Clifford, Michael 7200 Cathedral Rock Dr. 110 Las Vegas NV 89120</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$380.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Dames, Stephen 96 Kingsland Rd. Boonton NJ 07005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 5/20/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Evans, David G., Esq. 175 Oak Grove Rd. Pittstown NJ 08867</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$600.00</p>	<p>Date (month, day, year) 6/2/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Felglas, Robin 39 Kinderkamack Rd. Park Ridge NJ 07656</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation doctor</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Flynn, Joseph 446 Columbia Blvd Wood Ridge NJ 07075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$337.50</p>	<p>Date (month, day, year) 6/21/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Flynn, Joseph 446 Columbia Blvd Wood Ridge NJ 07075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$337.50</p>	<p>Date (month, day, year) 6/2/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>

<p>NET TOTAL of Receipts This Page (optional)</p>	<p>\$2,350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 3 OF 11

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Sabrin for U.S. Senate, Inc.

C00344861

<p>A. Full Name, Mailing Address and ZIP Code Gehrl, Georgina E. 55 Honeyman Place Berkeley Heights NJ 07922</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/2/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gentle, James 2 Wackhamer Rd Whitehouse Station NJ 08889</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Verona Surg. Center</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$450.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$245.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Gibbs, Phillip PO Box 303 231 Fellowship Rd. Moorestown NJ 08057</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer ISO Polyfilms</p> <p>Occupation Nat. Accts. Mngr.</p> <p>Aggregate Year-to-Date > \$510.00</p>	<p>Date (month, day, year) 5/31/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gibbs, Phillip PO Box 303 231 Fellowship Rd. Moorestown NJ 08057</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer ISO Polyfilms</p> <p>Occupation Nat. Accts. Mngr.</p> <p>Aggregate Year-to-Date > \$510.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Houtkin, Harvey 99 Oratam Rd. Monsey NY 10952</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer All-Tech Direct, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period (\$1,000.00) Memo Reattributed</p>
<p>F. Full Name, Mailing Address and ZIP Code Houtkin, Harvey 99 Oratam Rd. Monsey NY 10952</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer All-Tech Direct, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Houtkin, Sherry 99 Oratam Rd. Monsey NY 10952</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00 Memo Reattributio n</p>

SUBTOTAL of Receipts This Page (optional)

\$3,045.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 11

FOR LINE NUMBER 11(a)(i)

Contributions from 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 Huber, Laura A. 24 South Lyle Ave Tenally NJ 07870 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Humana Press, Inc. Occupation Production Editor Aggregate Year-to-Date > \$880.00	Date (month, day, year) 5/29/2000	Amount of Each Receipt this Period \$305.00
B. Full Name, Mailing Address and ZIP Code Keyston, David PO Box 7055 Carmel CA 93921 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation information requested Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 5/31/2000	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Kirby, Allan P. 14 East Main St. PO Box 90 Mendham NJ 07945 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Investments Aggregate Year-to-Date > \$650.00	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$100.00
D. Full Name, Mailing Address and ZIP Code Kleinman, George 15 Governors Lane Princeton NJ 08540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 5/20/2000	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Kleinman, George 15 Governors Lane Princeton NJ 08540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 5/29/2000	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Latour, Elias M. 268 W. Verdugo Ave. Apt. 109 Burbank CA 91502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Unemployed Occupation Admin Asst. Aggregate Year-to-Date > \$245.00	Date (month, day, year) 6/1/2000	Amount of Each Receipt this Period \$245.00
G. Full Name, Mailing Address and ZIP Code Lobello, Peter 15 Bluefields Lane Blauvelt NY 10913 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$400.00	Date (month, day, year) 5/29/2000	Amount of Each Receipt this Period \$150.00

SUBTOTAL of Receipts This Page (optional)	\$2,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 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.** **C00344861**

<p>A. Full Name, Mailing Address and ZIP Code Loughman, James V. 16 Schuyler Place Morristown NJ 07960</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Central Jersey Title Co., Inc.</p> <p>Occupation Title Insurance Agent</p> <p>Aggregate Year-to-Date > \$400.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mahar, Rita 927 Ratzel Road Wayne NJ 07470</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$400.00</p>	<p>Date (month, day, year) 5/31/2000</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Neilly, Douglas R., M.D. 25 Ravine Ave. Nutley NJ 07110</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer EMA</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 5/23/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Manduke, Robert 48 Liberty Corner Rd Far Hills NJ 07931</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Prudential Securities</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$400.00</p>	<p>Date (month, day, year) 5/27/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Manzolini, Dave 201 Mill St Rome NY 13440</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer self</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$350.00</p>	<p>Date (month, day, year) 5/20/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Manzolini, Dave 201 Mill St Rome NY 13440</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer self</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$350.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Markevitch, Elizabeth 706 Grand St Hoboken NJ 07030</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Energy</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Receipt this Period (\$1,000.00) Memo Reattributed</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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.** **C00344951**

A. Full Name, Mailing Address and ZIP Code Markavitch, Leo 706 Grand St. Hoboken NJ 07030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation information requested Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/7/2000	Amount of Each Receipt this Period \$1,000.00 Memo Reattributio n
B. Full Name, Mailing Address and ZIP Code Meehan, Amanda 405 Keall Ln Brielle NJ 08730 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer none Occupation housewife Aggregate Year-to-Date > \$400.00	Date (month, day, year) 5/30/2000	Amount of Each Receipt this Period \$200.00
C. Full Name, Mailing Address and ZIP Code Mills, Samuel J 255 Old Tote Rd. Mountainside NJ 07092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer none Occupation retired Aggregate Year-to-Date > \$357.50	Date (month, day, year) 6/21/2000	Amount of Each Receipt this Period \$50.00
D. Full Name, Mailing Address and ZIP Code Mills, Samuel J 255 Old Tote Rd. Mountainside NJ 07092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer none Occupation retired Aggregate Year-to-Date > \$357.50	Date (month, day, year) 5/23/2000	Amount of Each Receipt this Period \$50.00
E. Full Name, Mailing Address and ZIP Code Monett, Jane K. One Roberts Road Warren NJ 07059 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > \$325.00	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$25.00
F. Full Name, Mailing Address and ZIP Code Mosher, James 62C Cedar Lane Highland Park NJ 08904 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Bloomberg LP Occupation Business Reporter Aggregate Year-to-Date > \$371.57	Date (month, day, year) 6/2/2000	Amount of Each Receipt this Period \$36.00
G. Full Name, Mailing Address and ZIP Code Mosher, James 62C Cedar Lane Highland Park NJ 08904 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Bloomberg LP Occupation Business Reporter Aggregate Year-to-Date > \$371.57	Date (month, day, year) 5/23/2000	Amount of Each Receipt this Period \$180.00

SUBTOTAL of Receipts This Page (optional)	\$1,541.00
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

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 Mosher, James 62C Cedar Lane Highland Park NJ 08904		Name of Employer Bloomberg LP	Date (month, day, year) 5/18/2000	Amount of Each Receipt this Period \$36.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Business Reporter	Aggregate Year-to-Date > \$371.57	
B. Full Name, Mailing Address and ZIP Code Mosher, James 62C Cedar Lane Highland Park NJ 08904		Name of Employer Bloomberg LP	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$11.57
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Business Reporter	Aggregate Year-to-Date > \$371.57	
C. Full Name, Mailing Address and ZIP Code Mullins, Jack A. 224 Ridgewood Dr. Victoria TX 77901		Name of Employer none	Date (month, day, year) 5/29/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation retired	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code Nelson, Gilbert H. 804 River Road Somerville NJ 08876		Name of Employer	Date (month, day, year) 5/30/2000	Amount of Each Receipt this Period \$475.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation information requested	Aggregate Year-to-Date > \$875.00	
E. Full Name, Mailing Address and ZIP Code Pearson, John 958 Arapaho Trl. Franklin Lakes NJ 07417		Name of Employer	Date (month, day, year) 6/1/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation unknown	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code Pendleton, James L. 815 Fetters Mill Rd., Box 22 Bryn Athyn PA 19009		Name of Employer	Date (month, day, year) 6/9/2000	Amount of Each Receipt this Period (\$200.00) Memo Reattributed
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation retired	Aggregate Year-to-Date > \$800.00	
G. Full Name, Mailing Address and ZIP Code Pendleton, James L. 815 Fetters Mill Rd., Box 22 Bryn Athyn PA 19009		Name of Employer	Date (month, day, year) 5/29/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation retired	Aggregate Year-to-Date > \$800.00	

SUBTOTAL of Receipts This Page (optional)	\$1,072.57
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Sabrin for U.S. Senate, Inc.

C00344861

<p>A. Full Name, Mailing Address and ZIP Code Phillips, Ernest 6287 North Geneva Rd. Sodus NY 14551</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer self</p> <p>Occupation farmer</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 5/24/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Piasco, Steve 85 Prospect St. Summit NJ 07901</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Solomon, Smith, Barney</p> <p>Occupation Engery Broker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/30/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Rajnovic, Nikola 1731 S. 115th Ct., Apt 6 Milwaukee WI 53214</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Deltrol Controls</p> <p>Occupation Electrical Engineer</p> <p>Aggregate Year-to-Date > \$263.00</p>	<p>Date (month, day, year) 5/20/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Rhodes, Samuel PO Box 67 Carlsbad NM 88221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$245.00</p>	<p>Date (month, day, year) 5/27/2000</p>	<p>Amount of Each Receipt this Period \$245.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Riviera, Elizabeth 1128 Carla Path Huntington Station NY 11748</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/6/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Sawczuk, Anita 7 Bartles Road Lebanon NJ 08833</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$700.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Sawczuk, Stanley 7 Bartles Road Lebanon NJ 08833</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$800.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,195.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Max. app. (with schedule) for each category of the Divided Salary Page

PAGE 9 OF 11

FOR LINE NUMBER

11 (A)00

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

<p>A. Full Name, Mailing Address and ZIP Code Schoberl, Anthony 21 Robbills Circle Basking Ridge NJ 07820</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Advantage Bank</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Schoch, Steven 974 Blue Bonnet Dr. Sunnyvale CA 94086</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer STARNET COMM CORP</p> <p>Occupation SOFTWARE ENG</p> <p>Aggregate Year-to-Date > \$360.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Seven, Jessie 389 Camouette SE Grand Rapids MI 49505</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Shefta, Mark 2 East Lake Rd Tuxedo Park NY 10987</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer All-Tech Direct, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Shefta, Wanda 2 East Lake Rd Tuxedo Park NY 10987</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Arbor Entech Corp.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Siminoff, Anne 10 Benjamin Road Chester NJ 07930</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Atlantic Health Sys.</p> <p>Occupation R. Nurse</p> <p>Aggregate Year-to-Date > \$841.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$291.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Skolnick, Douglas A. 828 Stonewall Ct. Franklin Lakes NJ 07417</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$650.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,166.00

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

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.** CD0344881

<p>A. Full Name, Mailing Address and ZIP Code Smith, J. Thomas 1816 Old Natches Franklin TN 37069</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Attorney</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 6/6/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Tanner, Nancy 405 Teal Ct Moorestown NJ 08057</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 > \$1,000.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Tarp, Robin 43 Lewis St. Phillipaburg NJ 08885</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer none</p> <p>Occupation housewife</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/6/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Thies, Clifford 1624 S. Braddock St. Winchester VA 22601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Shenendoah University</p> <p>Occupation Professor</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$801.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomson, Robert L. 8800 Boulevard East Apt 2d North Bergen NJ 07047</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer MaherTerminals</p> <p>Occupation Parts Manager</p> <p>Aggregate Year-to-Date > \$595.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomson, Robert L. 8800 Boulevard East Apt 2d North Bergen NJ 07047</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer MaherTerminals</p> <p>Occupation Parts Manager</p> <p>Aggregate Year-to-Date > \$595.00</p>	<p>Date (month, day, year) 5/20/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Turner, Harold 1908 Peterson Plank Road North Bergen NJ 07047</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Coldwell Banker Real Estate</p> <p>Occupation Commercial Real Estate</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,501.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>.....</p>

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.** C00344861

<p>A. Full Name, Mailing Address and ZIP Code Viguerie, Richard A. 9625 Surveyor Ct. Manassas VA 20110</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 6/6/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Watson, Leonie 270 Knollcrest Rd Mountainside NJ 07092</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation MD</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 5/20/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Wheaton, Robert G. 16015 White Fawn Dr. San Antonio TX 78255</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation USN RET'D</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>D. 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</p> <p>Occupation housewife</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 5/29/2000</p>	<p>Amount of Each Receipt this Period \$500.00</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 Employer</p> <p>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 Employer</p> <p>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 Employer</p> <p>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>\$900.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p>\$20,545.57</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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

A. Full Name, Mailing Address and ZIP Code Maun, John ELECT LIFE PO Box 1556 Ranckama NY 11779	Name of Employer Occupation Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 5/26/2000	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
B. Full Name, Mailing Address and ZIP Code Parro, Colleen Republican National Coalition for Life P.A.C. Alton IL 62002	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/3/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date >	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):			
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date >	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):			
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date >	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):			
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date >	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):			
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date >	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):			

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	\$3,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5

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
American Express PO Box 53852 Phoenix AZ 85072	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/18/2000	\$122.50
American Express PO Box 53852 Phoenix AZ 85072	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$185.46
ANJRPC PO Box 822 Pine Brook NJ 07068	Print Ads Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/24/2000	\$192.00
Bauer, Stephen 9 Sylvan Way Caldwell NJ 07005	Reimbursement Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$175.00
Bell Atlantic PO Box 1915 Beltsville MD 20704	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/6/2000	\$534.59
Deer Park 375 Paramount Dr. Raynham MA 02767	Office Supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$22.90
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):	6/9/2000	\$3,500.00
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):	6/8/2000	\$3,500.00
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):	6/1/2000	\$8,000.00

SUBTOTAL of Disbursements This Page (optional)

\$16,232.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 5

FOR LINE NUMBER

17

Operating Expenditures

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
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):	5/30/2000	\$10,000.00
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):	5/22/2000	\$10,000.00
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):	5/18/2000	\$15,000.00
Mountaintop Media P.O. Box 578 Sparta NJ 07871	consulting and/or advertising consulting Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/30/2000	\$3,000.00
Office Depot 465 Route 46 Totowa NJ 07512	Office Supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/31/2000	\$63.60
Rose, Tom 11 Maple Ave. West Orange NJ 07052	Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$580.00
Sabrin, Murray 333 Crescent Ave. Leonia NJ 07605	Payment on Credit Card Loan Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$0.00
Staples Rt. 46 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):	6/23/2000	\$13.00
Summit General Account 301 Fort Lee Road Leonia NJ 07605	Bank Service Charge Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/6/2000	\$45.70

SUBTOTAL of Disbursements This Page (optional)

\$38,702.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 5

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
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/1/2000	\$45.00
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/23/2000	\$15.00
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/6/2000	\$52.67
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$15.00
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/30/2000	\$37.72
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/30/2000	\$14.93
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/1/2000	\$15.00
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/1/2000	\$65.41
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/2/2000	\$30.00

SUBTOTAL of Disbursements This Page (optional)

\$290.73

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate columns for each category of the Detailed Summary Page

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
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/5/2000	\$60.02
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$14.33
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/19/2000	\$52.21
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/25/2000	\$30.80
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$37.24
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/31/2000	\$56.23
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/5/2000	\$23.89
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/30/2000	\$16.52
Summit Primary Account 301 Fort Lee Rd. Leonia NJ 07605	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/5/2000	\$0.60

SUBTOTAL of Disbursements This Page (optional)

\$291.84

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full) **Sabrin for U.S. Senate, Inc.** **C00344851**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service 20 Crews Street Totowa NJ 07512	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/11/2000	\$100.00
United States Postal Service 20 Crews Street Totowa NJ 07512	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/12/2000	\$131.27
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)	\$231.27
TOTAL This Period (last page this line number only)	\$55,748.59

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

1B(B)

Principal Repayments (Loans Guaranteed by Candidate)

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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
Sabrin, Murray 333 Crescent Ave. Leonia NJ 07805	Payment on Credit Card Loan Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$5,000.00
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
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) **\$5,000.00**

TOTAL This Period (last page this line number only) **\$5,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

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.

C00344851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Brennan, Christopher 14 Lebanon Drive Brielle NJ 08730	Refund of 3/31/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/15/2000	\$500.00
Fischer, Herbert 50 Pulsaki Rd Whitehouse Station NJ 08889	Refund of 9/9/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$1,000.00
Fienagan, Marjorie 3 Blanchet Court Florham Park NJ 07932	Refund of 1/27/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/15/2000	\$300.00
Formento, Juan 1043 Old York Road Hightstown NJ 08520	Refund of 12/13/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$106.00
Mally, Douglas 25 Ravine Ave. Nutley NJ 07110	Refund of 12/21/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$1,000.00
Ralck, Franklin 228 West Place Westwood NJ 07875	Refund of 10/15/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$1,000.00
Sabrin, Florence 333 Crescent Ave. Leonia NJ 07605	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$1,000.00
Sabrin, Murray 333 Crescent Ave. Leonia NJ 07605	Refund of 12/30/1999 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/10/2000	\$1,000.00
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)

\$5,906.00

TOTAL This Period (last page this line number only)

\$5,906.00

LOANS

Name of Committee (in Full)

Sabrin for U.S. Senate, Inc.

A. Full Name, Mailing Address and ZIP Code of Loan Source Murray Sabrin 333 Crescent Ave. Leonia, NJ 07605 personal funds		Original Amount of Loan \$72,100.00	Cumulative Payment To Date \$44,600.00	Balance Outstanding at Close of This Period \$27,500
Election: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Terms: Date Incurred <u>3/11/81</u> Date Due <u>6/30/81</u> Interest Rate <u>6</u> % (apr)		
List All Endorsers or Guarantors (if any) to Item A				
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: \$		

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 <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		
List All Endorsers or Guarantors (if any) to Item B				
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) _____

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

\$27,500

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

SCHEDULE D

DEBTS AND OBLIGATIONS

(Revised 3/80) Owed BY the Committee

Excluding Loans FROM 5/18/2000 TO 6/30/2000

Name of Committee (In Full)	Account Number	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Sabrin for U.S. Senate, Inc.					
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Marbil Realty Corp. 255 Route 46 Totowa NJ 07512		\$0.00	\$145.00	\$0.00	\$145.00
Nature of Debt (Purpose) Office Expenses					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Marbil Realty Corp. 255 Route 46 Totowa NJ 07512		\$0.00	\$725.09	\$0.00	\$725.09
Nature of Debt (Purpose) Office Rent					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Collier Jacob And Mills Richard Co 580 Howard Ave. Somerset NJ 08873		\$0.00	\$4,112.96	\$0.00	\$4,112.96
Nature of Debt (Purpose) Professional Services					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Mountaintop Media P.O. Box 578 Sparta NJ 07871		\$0.00	\$8,740.08	\$3,000.00	\$5,740.08
Nature of Debt (Purpose) consulting and/or advertising					
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 (options)	\$10,723.13
2) TOTALS This Period (last page in this line only)	\$10,723.13
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)	\$38,223.13

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS

HAND DELIVERED

FAX (48-HOUR NOT)

INSIDE MAIL

RECEIVED FROM THE
CENTER

RECEIVED FROM THE
COMMISSION

FIRST CLASS MAIL

REGISTERED/CERTIFIED MAIL

7/15/00

NO POSTMARK

POSTMARK ILLEGIBLE

OTHER (Specify):

AIRBORNE EXPRESS

EXPRESS MAIL

FEDERAL EXPRESS

UPS

RD

Preparer

7/18/00

Postmark