

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MARK ZACCARIA FOR CONGRESS

ADDRESS (number and street) P.O. Box 478
 Check if different than previously reported. (ACC)
North Kingstown RI 02852

2. **FEC IDENTIFICATION NUMBER** C00445494
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
RI 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 08 26 2010 through 09 30 2010

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 Jennifer L. O'Neill

Signature of Treasurer Electronically Filed by Jennifer L. O'Neill Date 10 20 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MARK ZACCARIA FOR CONGRESS

Report Covering the Period:

From:

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	23000.50	80751.70
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23000.50	80751.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	33672.02	138898.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	12.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33672.02	138886.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16579.54	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	91296.54	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
MARK ZACCARIA FOR CONGRESS

Report Covering the Period: From:

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	16170.50	47666.94
(i) Itemized (use Schedule A).....	3830.00	28509.00
(ii) Unitemized.....	20000.50	76175.94
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3000.00	4575.76
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	23000.50	80751.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	12000.00	72000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	12000.00	72000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	12.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	50.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35000.50	152813.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33672.02	138898.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33672.02	138898.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15251.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	35000.50
25. SUBTOTAL (add Line 23 and Line 24).....	50251.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33672.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16579.54

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rodney Baillargeon		Date of Receipt
	Mailing Address 46 Leighas Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	Coventry	RI	02816
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6271
Name of Employer US Trust		Occupation Folio Manager	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2350.00	Earmarked through Piryx.Com

B.	Full Name (Last, First, Middle Initial) Piryx, Inc.		Date of Receipt
	Mailing Address 401 West 15th Street Suite 520		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	Austin	TX	78701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6271.0
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 11247.00	Earmark Total Piryx.Com - Baillargeon, Rodney
			[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Harold Ennis		Date of Receipt
	Mailing Address 13 Angelwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 12 / 2010
	City	State	Zip Code
	Coventry	RI	02816
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6148
Name of Employer YKSM Ltd		Occupation Office Manager	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 1001.44	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Farrell

Mailing Address 18 Neptune Avenue

City State Zip Code
Charlestown RI 02813

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Business Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
09 / 18 / 2010

Transaction ID: SA11AI.6230

Amount of Each Receipt this Period 100.00

Earmarked through Piryx.C-om

B. Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address 401 West 15th Street Suite 520

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 8437.00

Date of Receipt M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.6230.0

Amount of Each Receipt this Period 100.00

Earmarked Total Piryx.Com

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bruce Ferguson

Mailing Address 130 Waterway Road

City State Zip Code
Saunderstown RI 02874

FEC ID number of contributing federal political committee. C

Name of Employer Ferguson Perforating Occupation
CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.6162

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Darren Gagliardi

Mailing Address 43 Norwood Road

City State Zip Code
Newington CT 06111

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.6159
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Angelo Giarrusso

Mailing Address 49 Armand Way

City State Zip Code
Hope RI 02831

FEC ID number of contributing federal political committee. C

Name of Employer AG&G Occupation Co-Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2010
Transaction ID: SA11AI.6149
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Antonio Giarrusso

Mailing Address 21 Mill Street

City State Zip Code
Johnston RI 02919

FEC ID number of contributing federal political committee. C

Name of Employer AG&G Occupation Co-Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2010
Transaction ID: SA11AI.6144
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Franco Giarrusso

Mailing Address 2 Carriage Cove Court

City Coventry State RI Zip Code 02816-6830

FEC ID number of contributing federal political committee. **C**

Name of Employer AG&G Occupation Co Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.6142

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Curtis V. Givan

Mailing Address PO Box 639

City Saunderstown State RI Zip Code 02874

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6186

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Cathleen Griffeth

Mailing Address 136 Aldrich Road

City North Scituate State RI Zip Code 02857

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston Scientific Occupation IS Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y
09 / 19 / 2010

Transaction ID: SA11AI.6250

Amount of Each Receipt this Period 250.00

Earmarked through Piryx.Com

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address **401 West 15th Street
Suite 520**

City **Austin** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9062.00

Date of Receipt
09 / 19 / 2010

Transaction ID: SA11AI.6250.0

Amount of Each Receipt this Period
250.00

Earmarked Total Piryx.Com

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Albert L. Hopkins

Mailing Address **6 La Costa Way**

City **Palm Coast** State **FL** Zip Code **32137**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
09 / 24 / 2010

Transaction ID: SA11AI.6168

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Mrs. Lynne Zaccaria Hopkins

Mailing Address **6 La Costa Way**

City **Palm Court** State **FL** Zip Code **32137**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Home Maker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
09 / 24 / 2010

Transaction ID: SA11AI.6169

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) 4800.00

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.6168**

Deposited One Check for 4800.00 representing contributions from Lynne 2400.00 and from Albert 2400.00 designated for the General Election Period.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.6169**

Deposited a check for 4800.00 representing 2400.00 from Lynn and 2400.00 from Albert Designated for the General Election Period.

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 50 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Joel Hovanesian Mailing Address 136 Post Road City State Zip Code Wakefield RI 02879 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Commercial Fisherman Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">300.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.6232 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">300.00</div> Earmarked through Piryx.C-om	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												

B. Full Name (Last, First, Middle Initial) Piryx, Inc. Mailing Address 401 West 15th Street Suite 520 City State Zip Code Austin TX 78701 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">8737.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.6232.0 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">300.00</div> Earmark Total Piryx.Com - Hovanesian, Joel [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												

C. Full Name (Last, First, Middle Initial) John Kupa Mailing Address 1637 Stony Lane City State Zip Code North Kingstown RI 02852 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">400.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.6165 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">200.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	1	0												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">500.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Iris Lord	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2 Good Hill Road	Transaction ID: SA11AI.6201
	City State Zip Code Woodbury CT 06798	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John J. Lynch	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 35 Fellowship Court	Transaction ID: SA11AI.6161
	City State Zip Code West Greenwich RI 02817	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self - Ferocious Eyes Occupation Optician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Joseph McLaughlin	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 12 Colonial Lane	Transaction ID: SA11AI.6268
	City State Zip Code Riverside CT 06878	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sidley Austin LLP Occupation Attorney	Earmarked through Piryx.Com
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 10997.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: SA11AI.6268.0</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Earmark Total Piryx.Com - McLaughlin, Joseph</p> <p>[MEMO ITEM]</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Alfred Petteruti</p> <p>Mailing Address 90 Laurel Wood</p> <p>City East Greenwich State RI Zip Code 02818-1573</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 12 / 2010</p> <p>Transaction ID: SA11AI.6153</p> <p>Amount of Each Receipt this Period 250.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Joseph Procaccini</p> <p>Mailing Address 35 Colony Drive</p> <p>City Johnston State RI Zip Code 02919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Data Net Occupation Tech Support Specialist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1250.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: SA11AI.6259</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Earmarked through Piryx.C- om</p>
--	--

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address 401 West 15th Street
Suite 520

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10447.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.6259.0

Amount of Each Receipt this Period
1000.00

Earmark Total Piryx.Com-P-
rocaccini, Joseph Michael

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cheryl Robbio

Mailing Address 5461 Flat River Road

City Greene State RI Zip Code 02827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rite Aid Pharmacy Technician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.6140

Amount of Each Receipt this Period
50.50

C.

Full Name (Last, First, Middle Initial)
Cheryl Robbio

Mailing Address 5461 Flat River Road

City Greene State RI Zip Code 02827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rite Aid Pharmacy Technician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.6152

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert J. Schiedler

Mailing Address PO Box 1479

City State Zip Code
Charlestown RI 02813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.6257

Amount of Each Receipt this Period
250.00

Earmared through Piryx.Com

B. Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address 401 West 15th Street
Suite 520

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.6257.0

Amount of Each Receipt this Period
250.00

Earmark Total Piryx.Com - Schiedler, Robert

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Denise Sevigny

Mailing Address 22 Fellowship Court

City State Zip Code
West Greenwich RI 02817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CVS Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.6147

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Denise Sevigny	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 22 Fellowship Court	Transaction ID: SA11AI.6345
	City State Zip Code West Greenwich RI 02817	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Earmarked through Piryx.Com-om
	Name of Employer Occupation CVS Manager	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 770.00	

B.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 401 West 15th Street Suite 520	Transaction ID: SA11AI.6345.0
	City State Zip Code Austin TX 78701	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Earmarked Total Piryx.Com - Sevigny, Denise
	Name of Employer Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 12622.00	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Riordon Smith	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 60 Bow Street	Transaction ID: SA11AI.6342
	City State Zip Code East Greenwich RI 02818	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Earmarked through Piryx.Com-om
	Name of Employer Occupation Retired Retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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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)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address 401 West 15th Street
Suite 520

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12602.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6342.0

Amount of Each Receipt this Period

250.00

Earmark Total Piryx.Com -
Smith, Riordon

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Charles Stamm

Mailing Address 85 Pleasant Street

City State Zip Code
North Kingstown RI 02852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.6146

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Peter Sullivan

Mailing Address 50 Signal Ridge Way

City State Zip Code
East Greenwich RI 02818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arlen Corporation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.6151

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ►

750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Richard Vaccaro

Mailing Address 24 Campus Avenue

City State Zip Code
Kingston RI 02881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Rhode Island Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: SA11AI.6218

Amount of Each Receipt this Period
250.00

Earmarked Contribution through Piryx.Com

B.

Full Name (Last, First, Middle Initial)
Piryx, Inc.

Mailing Address 401 West 15th Street
Suite 520

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8062.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: SA11AI.6218.0

Amount of Each Receipt this Period
250.00

Earmarked Total Piryx.Com - Vaccaro, Richard

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Joseph H. Weaver

Mailing Address 4 LedgeMont Drive

City State Zip Code
Warwick RI 02886

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FM Global Insurance Underwriting Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.6135

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Frederick Whittemore

Mailing Address 72 Ocean View Highway

City State Zip Code
Watch Hill RI 02891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: SA11AI.6156

Amount of Each Receipt this Period
2400.00

B.

Full Name (Last, First, Middle Initial)
Steve Wilson

Mailing Address 111 Metacomet Drive

City State Zip Code
Kesington CT 06037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vertex Consulting Owner

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.6155

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Joyce Zanni

Mailing Address 23 Clarendon Street

City State Zip Code
Johnston RI 02919

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.6180

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

2700.00

TOTAL This Period (last page this line number only) ▶

16170.50

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.6156**

This Contribution was post marked 09/13/2010. It was not retrieved from the Campaign PO Box until 09/15/2010 and therefore was not reported on a 48 Hour Notice filing.

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) 32 GOP		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 47 Flanders Road		Transaction ID: SA11C.6203
City Woodbury	State CT	Zip Code 06798
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Free & Strong America PAC, Inc.		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address PO Box 79226		Transaction ID: SA11C.6178
City Belmont	State MA	Zip Code 02479
FEC ID number of contributing federal political committee. C C00449280		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria

Mailing Address 35 Congdon Hill Road

City State Zip Code
Saunderstown RI 02874

FEC ID number of contributing federal political committee. **C** H8RI02108

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 62025.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 30 2010

Transaction ID: SA13A.6404

Amount of Each Receipt this Period
2000.00

Loan to Campaign by Candidate

B. Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria

Mailing Address 35 Congdon Hill Road

City State Zip Code
Saunderstown RI 02874

FEC ID number of contributing federal political committee. **C** H8RI02108

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 67025.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 10 2010

Transaction ID: SA13A.6405

Amount of Each Receipt this Period
5000.00

Loan to Campaign by Candidate

C. Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria

Mailing Address 35 Congdon Hill Road

City State Zip Code
Saunderstown RI 02874

FEC ID number of contributing federal political committee. **C** H8RI02108

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 72025.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010

Transaction ID: SA13A.6406

Amount of Each Receipt this Period
5000.00

Loan made by Candidate to Campaign

SUBTOTAL of Receipts This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	12000.00

A. Form/Schedule : **SA13A**
Transaction ID : **SA13A.6404**

Due to oversight, a 48 Hour Notice was not filed for this Loan received by the Campaign from the Candidate.

B. Form/Schedule : **SA13A**
Transaction ID : **SA13A.6405**

Due to oversight, a 48 Hour Notice was not filed for this Loan received by the Campaign from the Candidate.

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bizgrader.Com

Transaction ID: SB17.6361
Date of Disbursement

Mailing Address 5586 Post Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	0

City East Greenwich State RI Zip Code 02818

Amount of Each Disbursement this Period

Purpose of Disbursement
Web Site Service

001
Category/ Type

400.00

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

B.

Full Name (Last, First, Middle Initial)
Currier Court Associates

Transaction ID: SB17.6382
Date of Disbursement

Mailing Address PO Box 1203

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	0

City North Kingstown State RI Zip Code 02852

Amount of Each Disbursement this Period

Purpose of Disbursement
Rent for September 2010

001
Category/ Type

950.00

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

C.

Full Name (Last, First, Middle Initial)
Dakota American Communications

Transaction ID: SB17.6358
Date of Disbursement

Mailing Address 1210 North Taft Street #701

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

City Arlington State VA Zip Code 22201

Amount of Each Disbursement this Period

Purpose of Disbursement
Radio Advertising Buy

004
Category/ Type

4880.00

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

SUBTOTAL of Disbursements This Page (optional)

6230.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dakota American Communications

Transaction ID: SB17.6360
Date of Disbursement

Mailing Address 1210 North Taft Street
#701

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City Arlington State VA Zip Code 22201

Amount of Each Disbursement this Period

3880.00

Purpose of Disbursement
Radio Advertising Buy

004
Category/ Type

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: RI District: 02

B.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: SB17.6384
Date of Disbursement

Mailing Address PO Box 70503

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

City Charlotte State NC Zip Code 28201-0503

Amount of Each Disbursement this Period

76.50

Purpose of Disbursement
Payroll Taxes - SS, Mcr

001
Category/ Type

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: RI District: 02

C.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: SB17.6407
Date of Disbursement

Mailing Address PO Box 70503

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City Charlotte State NC Zip Code 28201-0503

Amount of Each Disbursement this Period

114.07

Purpose of Disbursement
Payroll Tax Expense, SS Mcr

001
Category/ Type

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: RI District: 02

SUBTOTAL of Disbursements This Page (optional)

4070.57

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address PO Box 70503 <hr/> City Charlotte State NC Zip Code 28201-0503 <hr/> Purpose of Disbursement Payroll Taxes - SS, Mcr Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6385 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 76.50
B. Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address PO Box 70503 <hr/> City Charlotte State NC Zip Code 28201-0503 <hr/> Purpose of Disbursement Payroll Taxes - SS, Mcr Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6386 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 76.50
C. Full Name (Last, First, Middle Initial) Parker Lacoste <hr/> Mailing Address PO Box G <hr/> City Block Island State RI Zip Code 02807 <hr/> Purpose of Disbursement Campaign Manager Salary Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6372 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1153.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Parker Lacoste <hr/> Mailing Address PO Box G <hr/> City Block Island State RI Zip Code 02807 <hr/> Purpose of Disbursement Mileage Reimbursement to Campaign Manager Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6392 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
	Amount of Each Disbursement this Period 251.75
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Parker Lacoste <hr/> Mailing Address PO Box G <hr/> City Block Island State RI Zip Code 02807 <hr/> Purpose of Disbursement Campaign Manager Salary Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6373 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Parker Lacoste <hr/> Mailing Address PO Box G <hr/> City Block Island State RI Zip Code 02807 <hr/> Purpose of Disbursement Mileage Reimbursement to Campaign Manager Candidate Name MARK ZACCARIA FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6393 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 319.80
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1571.55

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Parker Lacoste	Transaction ID: SB17.6374
	Mailing Address PO Box G	Date of Disbursement 09 / 24 / 2010
	City Block Island State RI Zip Code 02807	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Manager Salary Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Parker Lacoste	Transaction ID: SB17.6394
	Mailing Address PO Box G	Date of Disbursement 09 / 24 / 2010
	City Block Island State RI Zip Code 02807	Amount of Each Disbursement this Period 221.97
	Purpose of Disbursement Mileage Reimbursement to Campaign Manager Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Multi Media Communications	Transaction ID: SB17.6355
	Mailing Address 581 Quaint Swan Dale Drive	Date of Disbursement 08 / 28 / 2010
	City Martinsburg State WV Zip Code 25404	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Broadcast Production of Radio Commercial Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	004 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2721.97

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Multi Media Communications Mailing Address 581 Quaint Swan Dale Drive City Martinsburg State WV Zip Code 25404 Purpose of Disbursement Design & Production of Direct Mail Piece, Postage & Delivery Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6357 Date of Disbursement 08 / 28 / 2010 Amount of Each Disbursement this Period 4646.00 Category/ Type 004
B.	Full Name (Last, First, Middle Initial) National Grid Mailing Address PO Box 960 City Northborough State MA Zip Code 01532 Purpose of Disbursement Utilities - Campaign Headquarters Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6396 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 31.17 Category/ Type 001
C.	Full Name (Last, First, Middle Initial) National Grid Mailing Address PO Box 960 City Northborough State MA Zip Code 01532 Purpose of Disbursement Utilities - Campaign Headquarters Office Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6397 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 38.30 Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

4715.47

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Heather Philpot Mailing Address 1111 Arlington Blvd Apt 443 City Arlington State VA Zip Code 22209 Purpose of Disbursement Monthly Consulting plus Commission Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6376 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 1747.50
B.	Full Name (Last, First, Middle Initial) Heather Philpot Mailing Address 1111 Arlington Blvd Apt 443 City Arlington State VA Zip Code 22209 Purpose of Disbursement Regular Monthly Consulting Fee Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6376.0 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 1500.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Heather Philpot Mailing Address 1111 Arlington Blvd Apt 443 City Arlington State VA Zip Code 22209 Purpose of Disbursement Commission on Contributions Generated by Consultant Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6376.1 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 247.50 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1747.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6363</p> <p>Date of Disbursement 08 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1.13</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6364</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1.13</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6365</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6.75</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6366</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6367</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 15.75</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th Street Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name MARK ZACCARIA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6368</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 3.38</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23.63

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.6369 Date of Disbursement 09 / 15 / 2010
	Mailing Address 401 West 15th Street Suite 520	Amount of Each Disbursement this Period 18.00
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/Type
	Candidate Name MARK ZACCARIA FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.6370 Date of Disbursement 09 / 18 / 2010
	Mailing Address 401 West 15th Street Suite 520	Amount of Each Disbursement this Period 3.38
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/Type
	Candidate Name MARK ZACCARIA FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.6371 Date of Disbursement 09 / 20 / 2010
	Mailing Address 401 West 15th Street Suite 520	Amount of Each Disbursement this Period 2.25
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/Type
	Candidate Name MARK ZACCARIA FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

23.63

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<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rhode Island Division of Taxation Mailing Address One Capitol Hill City Providence State RI Zip Code 02908 Purpose of Disbursement Payroll Tax Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6387 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 25.10 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Rhode Island Division of Taxation Mailing Address One Capitol Hill City Providence State RI Zip Code 02908 Purpose of Disbursement Payroll Taxes Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6388 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 25.10 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Rhode Island Division of Taxation Mailing Address One Capitol Hill City Providence State RI Zip Code 02908 Purpose of Disbursement Payroll Taxes Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6391 Date of Disbursement 09 / 24 / 2010 Amount of Each Disbursement this Period 25.10 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	75.30
TOTAL This Period (last page this line number only) ▶	

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Strategic Media Group Mailing Address 908 Pennsylvania Avenue Suite B1 City Washington State DC Zip Code 20003 Purpose of Disbursement Radio Advertising Buy Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6354 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 8720.00
B.	Full Name (Last, First, Middle Initial) The Prince Group Mailing Address 66 Deer Hill Avenue City Danbury State CT Zip Code 06810 Purpose of Disbursement Monthly Consulting Fee Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6380 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1250.00
C.	Full Name (Last, First, Middle Initial) Tri-State Communications Mailing Address 5600 Post Road Suite 114/152 City East Greenwich State RI Zip Code 02818 Purpose of Disbursement Telephone Service - Campaign Headquarters Office Candidate Name MARK ZACCARIA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02	Transaction ID: SB17.6383 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 736.95

SUBTOTAL of Disbursements This Page (optional) ▶

10706.95

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
USPS North Kingstown

Transaction ID: SB17.6375
Date of Disbursement

Mailing Address 7715 Post Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

City State Zip Code
North Kingstown RI 02852

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage

001
Category/ Type

44.00

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

B.

Full Name (Last, First, Middle Initial)
Verizon Telephone

Transaction ID: SB17.6398
Date of Disbursement

Mailing Address PO Box 12045

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

City State Zip Code
Trenton NJ 08650

Amount of Each Disbursement this Period

Purpose of Disbursement
Telephone - Campaign Headquarters Office

001
Category/ Type

78.94

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

C.

Full Name (Last, First, Middle Initial)
Wickford Bookkeeping Services, Inc.

Transaction ID: SB17.6381
Date of Disbursement

Mailing Address 143 Country Hill Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

City State Zip Code
North Kingstown RI 02852

Amount of Each Disbursement this Period

Purpose of Disbursement
Bookkeeping & Report Preparation Services

001
Category/ Type

450.00

Candidate Name
MARK ZACCARIA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: RI District: 02

SUBTOTAL of Disbursements This Page (optional)

572.94

TOTAL This Period (last page this line number only)

33621.52

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.4115

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="4000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.4775

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="7000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.5230

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM DD YY 09 30 2009 Date Due: 11/02/2010 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	

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

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.5504

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred: MM DD YY YY 02 16 20 10
 Date Due: 11/02/2010
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="50000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.6404

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred: M M 08 D D 30 Y Y Y Y 2010 Date Due: 11/2/2010 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	2000.00
TOTALS This Period (last page in this line only)	▶	

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

A. Form/Schedule : **SC/10**
Transaction ID : **SC/10.6404**

Due to oversight, a 48 Hour Notice was not filed for this Loan received by the Campaign from the Candidate.

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.6405

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Mark S. Zaccaria - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35 Congdon Hill Road

City Saunderstown State RI ZIP Code 02874

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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

A. Form/Schedule : **SC/10**
Transaction ID : **SC/10.6405**

Due to oversight, a 48 Hour Notice was not filed for this Loan received by the Campaign from the Candidate.

SCHEDULE C (FEC Form 3)

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

PAGE 45 / 50

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

LOANS

NAME OF COMMITTEE (In Full)
 MARK ZACCARIA FOR CONGRESS

Transaction ID: SC/10.6406

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Mark S. Zaccaria - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 35 Congdon Hill Road	
City Saunderstown State RI ZIP Code 02874	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 30 Y Y Y Y 2010	11/2/2010	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="83000.00"/>

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 (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Triangulation Strategies, Inc.			Nature of Debt (Purpose): Fee for Dick Morris Speech @ Event
Mailing Address 64 Twin Lakes Road			
City South Salem	State NY	ZIP Code 10590	

Outstanding Balance Beginning This Period 1500.00		Transaction ID: SD10.4776	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark S. Zaccaria			Nature of Debt (Purpose): Exp Related to 3/2010 Washington DC Trip
Mailing Address 35 Congdon Hill Road			
City Saunderstown	State RI	ZIP Code 02874	

Outstanding Balance Beginning This Period 49.07		Transaction ID: SD10.5602	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49.07	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark S. Zaccaria			Nature of Debt (Purpose): Mileage Rate calculated at .55 instead of .50 Correction to amount due Mark
Mailing Address 35 Congdon Hill Road			
City Saunderstown	State RI	ZIP Code 02874	

Outstanding Balance Beginning This Period -49.07		Transaction ID: SD10.5928	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -49.07	

1) SUBTOTALS This Period This Page (optional).....	1500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Mark S. Zaccaria

Nature of Debt (Purpose):
Pd for Convention Food/Be-
verage Exp with personal
credit card.

Mailing Address 35 Congdon Hill Road

City State ZIP Code
Saunderstown RI 02874

Outstanding Balance Beginning This Period

1204.07

Transaction ID: SD10.5927

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1204.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Mark S. Zaccaria

Nature of Debt (Purpose):
Expense Reimbursements due
to Mark Zaccaria Candidate

Mailing Address 35 Congdon Hill Road

City State ZIP Code
Saunderstown RI 02874

Outstanding Balance Beginning This Period

3600.17

Transaction ID: SD10.6098

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3600.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Mark S. Zaccaria

Nature of Debt (Purpose):
Expense Reimbursements due
to Mark Zaccaria Candidate

Mailing Address 35 Congdon Hill Road

City State ZIP Code
Saunderstown RI 02874

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6409

Amount Incurred This Period

346.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

346.71

1) **SUBTOTALS** This Period This Page (optional)..... ▶

5150.95

2) **TOTALS** This Period (last page this line number only)..... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

B. Form/Schedule : **SD10**
Transaction ID : **SD10.6098**

The candidate submitted expense reports for expenses to be reimbursed at some future date. The amount of 3600.17 represents the following expenditures: Campaign Event Expenses 487.02, Advertising Signage 308.16, Parking Expense 30.00, Sign Permit 26.00, Meals 246.78, Office Supplies 394.60 (Headquarters Office), Postage 111.79, Printing and Reproduction 82.11 and Mileage Reimbursement 1913.70.

C. Form/Schedule : **SD10**
Transaction ID : **SD10.6409**

Various expenses incurred by Candidate to be reimbursed at some future date. Represents Mileage to be reimbursed, Reimbursement for Postage, Meals, Printing and general expenses related to the campaign.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MARK ZACCARIA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark S. Zaccaria	Nature of Debt (Purpose): Expense Reimbursements due to Mark Zaccaria Candidate
Mailing Address 35 Congdon Hill Road	
City State ZIP Code Saunderstown RI 02874	

Outstanding Balance Beginning This Period	Transaction ID: SD10.6411	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1645.59	0.00	1645.59

1) SUBTOTALS This Period This Page (optional).....	1645.59
2) TOTALS This Period (last page this line number only).....	8296.54
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	83000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	91296.54

A. Form/Schedule : **SD10**
Transaction ID : **SD10.6411**

Various expenses incurred by Candidate to be reimbursed at some future date. Represents Mileage to be reimbursed, Reimbursement for Postage, Meals, Printing, lumber for posting Signs and other general expenses related to the campaign.