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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

Zaccaria for Senate

ADDRESS (number and street)

PO Box 1302

Check if different than previously reported. (ACC)

North Kingstown

RI

02852

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00565671

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

MM / DD / YYYY
11 / 04 / 2014

MM / DD / YYYY

MM / DD / YYYY

in the State of

RI

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
10 / 01 / 2014

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY
10 / 15 / 2014

MM / DD / YYYY

MM / DD / YYYY

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 Bernadette B Dion

Signature of Treasurer

Bernadette B Dion

Bernadette B Dion

Date

MM / DD / YYYY
10 / 20 / 2014

MM / DD / YYYY

MM / DD / YYYY

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

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FEC FORM 3 (Revised 02/2003)

14021120854

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 8

Write or Type Committee Name

Zaccaria for Senate

Report Covering the Period: From:

M M / D D / Y Y Y Y
10 / 01 / 2014

To:

M M / D D / Y Y Y Y
10 / 15 / 2014

	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)) ...	1470.00	24097.00
(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)) ...	1470.00	24097.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2604.11	11850.53
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	2604.11	11850.53
8. Cash on Hand at Close of Reporting Period (from Line 27)...	27746.47	
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) ...	15500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14021120865

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 8

Write or Type Committee Name

Zaccaria for Senate

Report Covering the Period: From:

M M / D D / Y Y Y Y
10 / 01 / 2014

To:

M M / D D / Y Y Y Y
10 / 15 / 2014

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

(i) Itemized (use Schedule A)...

900.00

20500.00

(ii) Unitemized.....

570.00

3447.00

(iii) TOTAL of contributions from individuals .

1470.00

23947.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1470.00

24097.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

15500.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

15500.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

1470.00

39597.00

14021120866

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2604.11	11850.53
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) ►	2604.11	11850.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	28880.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1470.00
25. SUBTOTAL (add Line 23 and Line 24) ...	30350.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2604.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	27746.47

14021120867

**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 OF 8
	<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	

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)
Zaccaria for Senate

Full Name (Last, First, Middle Initial) A. Peter Durfee			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014		
Mailing Address 45 Deerfield Dr			Transaction ID : SA11AI.4276		
City Scituate	State RI	Zip Code 02857	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00		
Name of Employer Durfee Hardware		Occupation owner			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) B. Richard Foley			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2014		
Mailing Address PMB 310 42 Lake Ave Ext			Transaction ID : SA11AI.4278		
City Danbury	State CT	Zip Code 06811	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 400.00		
Name of Employer The Prince Group		Occupation Owner/Principal Consultant			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) C. Christopher Healy			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014		
Mailing Address 27 Dorchester Rd			Transaction ID : SA11AI.4283		
City Wethersfield	State CT	Zip Code 06109	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00		
Name of Employer Healy & Associates		Occupation Owner & Principal Consultant			
Receipt For: 2014 <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).....	900.00
TOTAL This Period (last page this line number only).....	900.00

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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)	PAGE 6 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Zaccaria for Senate

Full Name (Last, First, Middle Initial) A. Bernadette B Dion			Date of Disbursement MM / DD / YYYY 10 / 15 / 2014		
Mailing Address 34 Salem Dr			Amount of Each Disbursement this Period 537.50		
City North Kingstown	State RI	Zip Code 02852	Transaction ID : SB17.4302		
Purpose of Disbursement accounting services_September 2014		Category/ Type 001			
Candidate Name Zaccaria for Senate					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: RI	District: 02				

Full Name (Last, First, Middle Initial) B. PayPal			Date of Disbursement MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 2211 North First St			Amount of Each Disbursement this Period 41.86		
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.4311		
Purpose of Disbursement fundraising fees		Category/ Type 003			
Candidate Name Zaccaria for Senate					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: RI	District: 02				

Full Name (Last, First, Middle Initial) C. The Prince Group			Date of Disbursement MM / DD / YYYY 10 / 03 / 2014		
Mailing Address PMB 310 42 Lake Ave Ext			Amount of Each Disbursement this Period 1800.00		
City Danbury	State CT	Zip Code 06811	Transaction ID : SB17.4306		
Purpose of Disbursement campaign advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional)	2379.36
TOTAL This Period (last page this line number only)	2379.36

14021120369

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

Transaction ID : SC/10.4162

NAME OF COMMITTEE (In Full)
Zaccaria for Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mark Zaccaria

Primary
 General
 Other (specify) ▼

Mailing Address
35 Congdon Hill Rd

City State ZIP Code
Saunderstown RI 02874

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 24 / Y 2014
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. 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)...

500.00

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.

14021120870

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)
Zaccaria for Senate

Transaction ID : SC/10.4257

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mark Zaccaria

Primary

General

Other (specify) ▼

Mailing Address

35 Congdon Hill Rd

City

State

ZIP Code

Saunderstown

RI

02874

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000.00

0.00

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

MM / DD / YYYY
09 / 25 / 2014

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)...

15000.00

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

15500.00

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

14021120871

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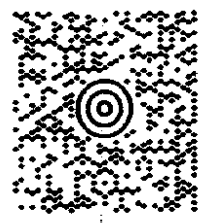
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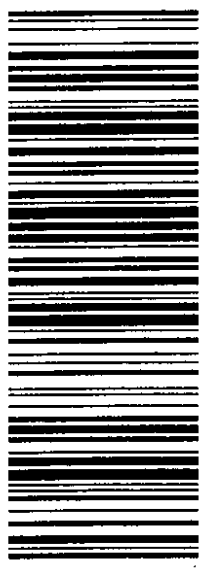


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United States Senate

OFFICE OF THE SECRETARY

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>10/29/14</u>	<input type="checkbox"/>
UPS	<u>10/29/14</u>	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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FAX _____
Date of Receipt

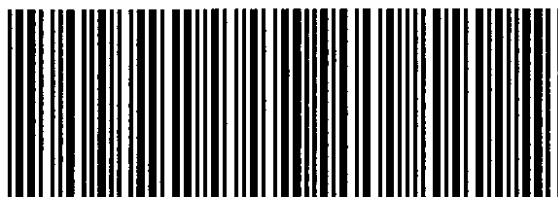
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Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/23/14

14021120873



SEN PATCH



SEN PATCH

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