



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF  
ELECTION  
COMMISSIONERS

17 OCT 30 PM 1:41

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.17 Ending Date: 10.30.17

Type of Report: (Check one)

- 8th day preceding preliminary  
  8th day preceding election  
  30 day after election  
  year-end report  
  dissolution

MICHAEL ZACCARIA  
Candidate Full Name (if applicable)

COUNCILOR AT LARGE  
Office Sought and District

123 CUSHMAN AVE  
Residential Address

E-mail: MIKE @ Action-ES.com

Phone # (optional): 617-771-1010

THE COMMITTEE TO ELECT MICHAEL ZACCARIA  
Committee Name

DANIELE S ZACCARIA  
Name of Committee Treasurer

123 CUSHMAN AVE REVERE  
Committee Mailing Address

E-mail: ZaccariaRevere1st@gmail.com

Phone # (optional): 617-435-9597

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>8,775.<sup>00</sup></u>
Line 3: Subtotal (line 1 plus line 2)	<u>8,775.<sup>00</sup></u>
Line 4: Total expenditures this period (page 5, line 14)	<u>8,139.<sup>51</sup></u>
Line 5: Ending Balance (line 3 minus line 4)	<u>635.<sup>56</sup></u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>4,500.<sup>00</sup></u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</u>

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 10/21/17

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

##### Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10/21/17

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/6/17	TOM YORAWSKI 345 BROADWAY REVERE	50. <sup>00</sup>	
10/5/17	JIMMY NIRO 50 CAVENDISH CIR SALEM	50. <sup>00</sup>	
10/6/17	KELLY EDMUNDS 10 RIVER AVE REVERE	50. <sup>00</sup>	
10/7/17	PATTY LESCOVITZ 16 ROSEVELT LANE LOCONIA	50. <sup>00</sup>	
10/6/17	PAUL RISTINO 166 PAYSON ST REVERE	50. <sup>00</sup>	
10/5/17	RICHARD SETTIPANE 209 BROADWAY REVERE	50. <sup>00</sup>	
10/1/17	SALVIE ZACCARIA 153 CUSHMAN REVERE	50. <sup>00</sup>	
10/1/17	SALVIE ZACCARIA JR 153 CUSHMAN REVERE	50. <sup>00</sup>	
9/29/17	GENE + TINA MCKENNA 29 PAYSON ST REVERE	100. <sup>00</sup>	
9/29/17	PAUL AND COLLEEN ARGENZIO 245 RESERVOIR AVE REVERE	100. <sup>00</sup>	
9/29/17	JOAN + MICHAEL WEISS 76 AMBROSE ST REVERE	100. <sup>00</sup>	
9/25/17	MARK MARSHALL 9 NEW MEADOW TOPS FIELD	100. <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/17	DONALD MASELLA SR 8 CROWNSHIELD, PEABODY	100. <sup>00</sup>	
10/6/17	GUY LANDRY REVERE, MA	100. <sup>00</sup>	
10/6/17	NEAL CHERKAS 175 COTTAGE ST CHELSEA	50. <sup>00</sup>	
10/6/17	GERARDO VISCONTI 285 CRESCENT REVERE	100. <sup>00</sup>	
10/6/17	DANA LOPEZ 4 BEL CIRQUE ROWLEY	100. <sup>00</sup>	
10/5/17	BRUCE VINNING 10 HAYMEADOW, BOXFORD	100. <sup>00</sup>	
10/4/17	STEPHEN RUGGIERO 11 WAIDEN ST WINTHROP	200. <sup>00</sup>	
10/12/17	DEBORAH BEIMONTE 19 ABRUZZI REVERE, MA	100. <sup>00</sup>	
10/3/17	DONALD MASELLA JR 40 MARLBOROUGH RD SALEM	50. <sup>00</sup>	
10/6/17	DIMPPIE RANA 49 SOUTH ST REVERE	25. <sup>00</sup>	
10/6/17	CARI HOLMBERG 117 DAIE ST REVERE	100. <sup>00</sup>	
9/27/17	MARY CUSHING 4 NEWMAN REVERE	100. <sup>00</sup>	
9/19/17	STUART KAUFMAN 90 ABINGTON RD DANVERS	250. <sup>00</sup>	KAUFMAN BUSINESS self employed.
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/25/17	LENORE + Michael DiLippa 11 SI4OURNE ST REVERE	100. <sup>00</sup>	
10/6/17	GEORGE BELIOFEATTO	100. <sup>00</sup>	
10/6/17	JOHN + NANCY MANISCALCO 65 THURLOW REVERE	100. <sup>00</sup>	
7/28/17	GENNARO Cataldo 6 AMELIA PI REVERE	100. <sup>00</sup>	
10/6/17	SAL BARESI 16 Heritage St Saugus	100. <sup>00</sup>	
10/8/17	Michael + Sandee Chiesa 52 SWEENEY REVERE	100. <sup>00</sup>	
10/21/17	ERIC LAMPEDECCHIO 10 RIVER AVE REVERE	150. <sup>00</sup>	
10/16/17	Jamie Nadworny	100. <sup>00</sup>	
10/6/17	Billy DEPIANO 47 WAINUT ST Reading	100. <sup>00</sup>	
9/28/17	JOHN LightBODY 105 DOUGLAS ST REVERE	250. <sup>00</sup>	JOHN LightBODY MASONRY & SECURE CONSTRUCTION
10/6/17	ANTHONY ZAMBATO 87 High ST REVERE	100. <sup>00</sup>	
10/16/17	ANTHON SAPONARD 42 NEWMAN ST REVERE	600. <sup>00</sup>	CAMAROT spray Events OWNER
10/5/17	RAYMOND NICKERSON 26 VENDITTO REVERE	200. <sup>00</sup>	NICKERSON mfgment OWNER
Line 9: Total Receipts over \$50 (or listed above)		4,275. <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,275. <sup>00</sup>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/23/17	HONAN SIGN Co 66 CREST WINTHROP		SIGNS	626. <sup>89</sup>
8/1/17	NORTHROP PRINT	REVERE MA 919 WINTHROP AVE	STICKERS	318. <sup>75</sup>
9/20/17	REVERE JOURNAL IND NEWS GROUP	385 BROADWAY REVERE, MA	Ad	40. <sup>00</sup>
9/20/17	REVERE JOURNAL IND NEWS GROUP	385 BROADWAY REVERE, MA	Ad	90. <sup>00</sup>
10/25/17	REVERE JOURNAL IND NEWS GROUP	385 BROADWAY REVERE	Ad	300. <sup>00</sup>
10/18/17	REVERE JOURNAL IND NEWS GROUP	385 BROADWAY REVERE	Ad	300. <sup>00</sup>
10/10/17	AL TERMINIENO	EASTERN AVE REVERE	Photos	150. <sup>00</sup>
10/1/17	CASA LUCIA	LUCIA AVE REVERE	COMBINATION PARTY	2,344. <sup>00</sup>
10/5/17	WILD FIRE BAND		FUND PARTY	1,500. <sup>00</sup>
10/3/17	MADISON PRINTING	960 BROADWAY REVERE, MA	Ad	1,095. <sup>00</sup>
10/24/17	MADISON PRINTING	960 BROADWAY REVERE, MA	SIGNS	776. <sup>50</sup>
10/3/17	CITY OF REVERE	1	PARADE	50. <sup>00</sup>
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/1/17	ST. ANTHONY	REVERE ST REVERE, MA	POT OF Gold	100. <sup>00</sup>
9/20/17	ADVOCATE NEWS PAPER	573 BROADWAY EVERETT, MA	Add	90. <sup>00</sup>
10/6/17	CHINESE DRAGON	380 CHEISEA ST E. BOSTON	PARTY	256. <sup>96</sup>
10/6/17	BJ's	5 WARD ST REVERE, MA	PARTY	61. <sup>26</sup>
10/2/17	DONAR ZONE	517 LYNNWAY LYNN, MA	PARTY	40. <sup>38</sup>
Line 12: Expenditures over \$50 (or listed above)				8,009. <sup>12</sup>
Line 13: Expenditures \$50 and under* (not listed above)				130. <sup>38</sup>
Line 14: TOTAL EXPENDITURES IN THE PERIOD				8,139. <sup>51</sup>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

**SCHEDULE D: LIABILITIES**

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
7/26/17	MICHAEL ZACCARIA	123 CUSHMAN REVERE, MA	LOAN	1,000. <sup>00</sup>
8/24/17	MICHAEL ZACCARIA	123 CUSHMAN REVERE, MA	LOAN	2,000. <sup>00</sup>
10/5/17	MICHAEL ZACCARIA	123 CUSHMAN REVERE, MA	LOAN	1,500. <sup>00</sup>
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>4,500.<sup>00</sup></b>