



ELECTIONS COMMISSION

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

2014 JAN 21 A 11:59

File with: City or Town Clerk or Election Commission

CITY OF BROCKTON, MA Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning October 18 2013 Ending December 31 2013

Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Richard J. Zaccaro Full Name of Candidate (if applicable) Ward 7 city Councilor Office Sought and District 55 Oneida Ave Brockton MA Residential Address Tel. No. (optional)

Committee Name Name of Committee Treasurer Committee Mailing Address Tel. No. (optional)

SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report \$ 0 Line 2: Total receipts this period (page 2, line 11) \$ Line 3: Subtotal (line 1 plus line 2) \$ 0 Line 4: Total expenditures this period (page 3, line 14) \$ Line 5: Ending balance (line 3 minus line 4) \$ 0 Line 6: Total in-kind contributions this period (page 4) \$ Line 7: Total (all) outstanding liabilities (page 4) \$ Line 8: Name of bank(s) used Citizens

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... Signed under the penalties of perjury: Edward J. Di Lorenzo 1/16/14

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee Candidate without Committee OR Candidate with independent activity filing separate report Signed under the penalties of perjury: Richard J. Zaccaro 1/16/14



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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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.

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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

