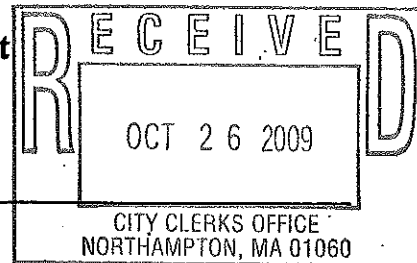




Form CPF M 102: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance



File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning August 29, 2009 Ending October 16, 2009

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

Deborah K Jacobs  
Full Name of Candidate (if applicable)  
City Council Ward 7  
Office Sought and District  
82 Grove Avenue  
Residential Address  
Leeds, MA 01053  
Tel. No. (optional)

Deb Jacobs Campaign Committee  
Committee Name  
Betsy Siersma  
Name of Committee Treasurer  
17 Powell St  
Committee Mailing Address  
Florence, MA 01062  
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 552.93	
Line 2: Total receipts this period (page 2, line 11)	\$ <del>724.00</del>	1540
Line 3: Subtotal (line 1 plus line 2)	\$ <del>278.93</del>	2092.93
Line 4: Total expenditures this period (page 3, line 14)	\$ 688.20	
Line 5: Ending balance (line 3 minus line 4)	\$ <del>1543.73</del>	1404.73
Line 6: Total in-kind contributions this period (page 4)	\$ 0	
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0	
Line 8: Name of bank(s) used	<u>Florence Savings 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:

Betsy Siersma 10/25/09  
Treasurer's signature (in ink) Date

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

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] 10/25/09  
Candidate signature (in ink) Date

**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.

This page may be copied 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	
10/13	Elder Vision	67 CONZ ST Northampton 01060	political Advertisement	300	00
10/15	United States Post office	Florence, MA 01062 9948	stamps for flyer mailing	176	00
Line 12: Expenditures over \$50				476	00
Line 13: Expenditures \$50 and under*				212	20
<b>Line 14: TOTAL EXPENDITURES</b>				688	20

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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

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)				0

Enter on page 1, line 7