

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance eceived Worcester City Clerk

of Massachusetts	File with City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 30	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30	day after election year-end report dissolution
Candidate Full Name (if applicable) Worcester School Committee Dist F Office Sought and District 36 Zenth Dr. Residential Address E-mail: Jermanne Hwaruster A Smail. Com Phone #: 538 - 628 - 3299	Committee to Elect Jermaine Johnson Committee Name Tammy Bury Name of Committee Treasurer Name of Committee Treasurer Committee Mailing Address ail: ne #: 588-335-4653
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	2,212.25
Line 2: Total receipts this period (page 3, line 12)	Ø
Line 3: Subtotal (line 1 plus line 2)	2,212, 25
Line 4: Total expenditures this period (page 5, line 15)	584.58
Line 5: Ending Balance (line-3 minus line 4)	1,627.67
Line 6: Total in-kind contributions this period (page 6, line 1)	8)
Line 7: Total (all) outstanding liabilities (page 7, line 19)	M440-00
Line 8: Total out-of-pocket expenses this period (page 8, line	22)
Line 9: Name of bank(s) used:	R
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my lactivity, including all contributions, loans, receipts, expenditures, disbursements, in kind contributionance activity of all persons acting under the authority or on explic of this committee in accordance signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee	mons and liabilities for this reporting period and represents the campaign ance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1/23/2034
I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	e with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority of on behalf of this candidate.	d contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

**Itach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphaothtai iisting requires)		(20. 001111111111111111111111111111111111
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			19
*			
		1987-4	
	<u> </u>		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receip	ets over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	ots \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RI	CCEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Data Baid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Audress		<u>.</u>
11/2/23	Perry's Deli		Election day	150.00
11/7/23	Wicked Wings			\$159.49
11/6/23	Walmont		Decorations Day	B77.15

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		24 4 4 4	Tet de aux	
	П			
	8 7/4 5 E	1 AN 1 L. M.		
and under, inc.	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50		
snouia include	e only those expenditures not itemized above.	Line 14: Expenditures \$50 and	under (not listed above)	
snouid include	e only those expenditures not itemized above. Enter on page 1, line 4 →			D

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

vi.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ude the candidate or committee name and a-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
T-A				
		i		!
* If you have i	itemized in-kind contributions of	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	
\$50 and under, should inclu	include them in line 16. Line 17 de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			(0)

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/2/24	Coty of Workson	City Hall	Inaujoration	200,00
1/15/24	Artelactdesign	8 Ruth St WOTE. MM OILDZ	Websbe	242.00
			m. Aug	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	440.0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
<u></u>			
			54
=			
1			
<u></u>			
			100000
L			
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50			* If you have out-of-pocket expenses of \$50
(or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and			and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abo	inized out-of-t ocket Expellentiales \$30 and		itemized above.
	-OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date:	Ending Date: 10/30/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
T . , T1	a i a T
Jermaine L. Johnson Candidate Full Name (if applicable)	Committee to Elect Termaine Johnson
Workester School Committee	Tamera Berry
Office Sought and District 36 Zenth Drive 01602	Name of Committee Treasurer 93 Weatherstone Drive 01604
Residential Address	Committee Mailing Address
E-mail: Jermaine 4 Worce ster @ gmail. com	E-mail:
Phone # (optional): (508) 6(5 - 7299	Phone # (optional): (508) 335-4653
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	96.05
Line 2: Total receipts this period (page 3, line 11)	3,180.00
Line 3: Subtotal (line 1 plus line 2)	3,276.058
Line 4: Total expenditures this period (page 5, line	14) 1,063.80 32
Line 5: Ending Balance (line 3 minus line 4)	2,213.25
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	\$
Line 8: Name of bank(s) used: Santana	del
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements in-kind of finance activity of all persons acting under the authority or on tehalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting to a candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	(Treasurer's signature) Date: 10/29/2023 (Treasurer's signature) Date: 10/29/2023 Conly) Date: 10/29/2023 Date: 10/29/2023

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/26/23	Alfred Bronwyn 28 South Lenox Street Worcester, MA 01602	10000	
5/10/23	Joseph + Candice Carlson 42 Benedict Road Worcester, MA 01604	10000	
5/12/23	Brenda Diggs 93 Blackstone River Rd#1 Worcester, WA 01607	100 00	
1/8/23	Asslinn Doyle 25 Franconia Street Worcester, MA 01602	2500	
5/3/23	June Eressy 86 Moore Avenue Worcester, MA 01662	200 00	Retried Educator
5/10/23	Mary Erickson 1803 Forest Park Or Auburn, MA 01510	5000	
8/12/23	Michael Fassett 196 East County Road Rutland, MA 01543	100 00	
8/14/23	Charran Fisher P.O. Box 20039 Worcester, MA 01602	15000	
7/27/23	Ramona Gardenhire 167 Lincoln Street Worcester, MA 01605	10000	
5/4/23	Rhonda Graham 51 Ernest Avenue, Unit 3 Worcester, MA 01604	5000	
5/10/23	John Graham 291 Mill Street Worcester, MA 01602	4000	
5/10/23	Johanna Hampton-Dank 44 Park Terrace Road Worcester, MA 01604		
Line 9: Total Recei	pts over \$50 (or listed above)	85000	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	19000	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	+1,040°°	← 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

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/10/23	Johanno Hampton Dara 44 Park Tena a Rd Work. Ma Olboy	# as	Healthome
5/10/23	10 Newton AVE ware min out	30	Tencher
6/10/23	Sean Johnson 177 S. Flags, Work. Ma	JUGGEID	Business Maram
5/10/23	Alfred: Deborah Johnson 17 Westport Road Wake ma 01405	\$200	Retired
8 14 23	Alfred & Deborah Johnson 17 Westpurt Road Wore MA 011005	\$50	Retired
8/19/23	Vanessa Jones 816 Hillside Street Work MA OLUB	\$100	
5/10/23	Sam and Duney Karam 77 Venus Drive Norcester, MA Ologo	\$100	Dental Asst
5/15/23	Kim Kargman 151 Tre month Street ILE Boston MA 02111	\$150	Self Employed
5/10/23	marilee Latter, 114 s. Ludlas St Work MA O1603	\$50	Retired
8/14/23	Marilee Lattair 114 s. Ludions street Work MA Ollevs	\$a5	Retired
5/10/23	michael Lanava 877 Grove street ter work ma olleus	\$125	manager
9/1/23	David LeBoent 21 Illinois St. Unit 303 ware MA Olle 10	*50	Legislator
Line 9: Total Recei	pts over \$50 (or listed above)	875	
Line 10: Total Recei	ipts \$50 and under* (not listed above)	\$350	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1,125	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)
4/25/23	Hana M. Lasey 1 Ruth Street worcester, MA 01602	5000	
2 300.2 8-3			
5/16/23	John Mahoney 13 ENewton Ave, North Warcester, MA 01609	10000	
5 3 23	Susan Mailman 24 Holden Street Worcester, MA 01605	2500	
5/10/23	Daniel Mara, Jr. 11 Green farms Road Worcester, MA 01605	2500	
5/11/23	Lisa Martin 14 Bairne Street, Apt 3 Worcester, MA 01606	4000	
8/24/23	Laura Martine Z 18 Rebecca Ann Drive Reitland, Mr 01543	10000	
5/10/23	Maureeen+Thomas McCullage 2 Frontenac Road Warcestar, MA 01600	2500	
5/10/23	Molly McCullaigh 5 Hock anum Way Worcester, Mt 01606	2500	
8/13/23	Molly McCullough 5 Hock anun Way Warcester, MA 01606	2500	
5/10/23	Margaret Mulhern 25 Burraus Road Worcester, MA 01609	10000	
5/10/23	Mary Beth Murphy-0'Day 41 Winthrop Street West Boylston, MA 01583	10000	
Line 9: Total Recei	pts over \$50 (or listed above)	40000	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	21500	
	RECEIPTS IN THE PERIOD	61500	Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in line	e 9. Line 10 shoul	ld include only those receipts not itemized above.

^{*} 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)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/10/23	Tracy Novick 135 Olean St. Work MA 01402	\$a5	
8/15/23	Alan Pettway 145 Front Street Word MA 01008	\$ 100	
8/4/23	Jodi Rich 49 Sagamore Rd. Work MA 01609	# ₀ \$	
5/11/23	Geoff Sylvester 95 Birch Street Peabody MA 01940	\$100	
5/10/23	Brian Theirrien Le Pond Street Newton NO 03858	\$50	
5/10/23	Christian Weber as Barrows Road work MA 01409	\$100	
Line 9: Total Recei	pts over \$50 (or listed above)	\$ 300	
Line 10: Total Recei	pts \$50 and under* (not listed above)	#100	
	ECEIPTS IN THE PERIOD	#400	← 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 t report all expenditures. Please include your committee name and a page number on each page.)

	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		
8/14/23	Remy's Deli		Food -	20.081		
7 10 23	(Munul strategies		Re-Elect Sticks	184.08		
7 /20/23	Winning campaign Strategies		Palm Cond 3	699.73		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1,063.		
		Line 13: Total Expenditures \$50	and under* (not listed above)			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

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

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

				12 12
			:	
			16000	
	1 (1750)	2 27.000.0		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	Ø

^{*} 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 addres of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page (

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
] [