

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

or Massachusetts	de	File with: City or Town Clerk or Election Commission
Fill in Reportii	ng Period dates: Beginning Date: 11022 En	ding Date: 12/31/20
Type of Repor	t: (Check one)	
8th day prece	ding preliminary 8th day preceding election 30 day after elect	tion year-end report dissolution
	Candidate Full Name (if applicable)	Hee to Elect Jermaine John Committee Name Name of Committee Treasure VLATherstone Dr. 01604 Committee Mailing Address 1-508-335-4653
	SUMMARY BALANCE INFORMATION	ON·
_		
L	ine 1: Ending Balance from previous report	· 3
L	ine 2: Total receipts this period (page 3, line 11)	Worc
L	ine 3: Subtotal (line 1 plus line 2)	Reco
L	ine 4: Total expenditures this period (page 5, line 14)	
L	ine 5: Ending Balance (line 3 minus line 4)	ф <u>о</u>
L	ine 6: Total in-kind contributions this period (page 6)	ch j
L	ine 7: Total (all) outstanding liabilities (page 7)	
L	ine 8: Name of bank(s) used: SANTANGER	
activity, including all	amined this report including attached schedules and it is, to the best of my knowledge and belicontributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities persons acting under the authority or on behalf of this committee in accordance with the requirements.	s for this reporting period and represents the campaign
FOR CANDIDA	TE_FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with I certify that I hav activity, of all per		nents of M.G.L. c. 55. I have not received any contributions,
finance activity, i campaign finance	re examined this report including attached schedules and it is, to the best of my knowledge and neluding contributions, loans, receipts, expenditures, disbursements, in-kind contributions and activity of all persons acting under the authority or on behalf of this candidate in accordance	I liabilities for this reporting period and represents the with the requirements of M.G.L. c. 55.
igned under the per	alties of perjury:(Ca	indidate's signature)

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)
12/30/22	John MA honey 138 Newton Ave North Worcester, NH 01608	96.05	State Reprensative
Line 9: Total Rece	ipts over \$50 (or listed above)	96.05	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	96.05	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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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 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.)

	To Whom Paid		Pager,	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				22
1	2			
		â		
]
				<u> </u>
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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 B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		:		
				<u> </u>
				<u></u>
				11
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under" (not listed above)	<u> </u>
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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.

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
•		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	

Page 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



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 Commission
Fill in Reporting Period dates: Beginning Date: 10/84/a	
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day	ay after election year-end report dissolution
Candidate Full Name (if applicable) School Committee - Worketer Office Sought and District 36 Zen, th DY - Worketen na Residential Address E-mail: Jermanne 4 Salorustung grand . Low E-mail:	Committee Name Tamara Bevery Name of Committee Thasurer Committee Mailing Address (optional):
SUMMARY BALANCE INFO	ORMATION:
Line 1: Ending Balance from previous report	5,067.84
Line 2: Total receipts this period (page 3, line 11)	2,125.00
Line 3: Subtotal (line 1 plus line 2)	7,192.84
Line 4: Total expenditures this period (page 5, line 14)	7.135.17
Line 5: Ending Balance (line 3 minus line 4)	3 57.67 5
Line 6: Total in-kind contributions this period (page 6)	48.50
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: Santardu &	DANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is no the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority of on behalf of this foremittee in accordance Signed under the penalties of perjury:	is and liabilities for this reporting period and represents the campaign
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 activity, of all persons acting under the authority or on behalf of this committee in accordance w incurred any liabilities nor made any expenditures on my behalf during this reporting period.	knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate rep I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind or campaign finance activity of all persons activity under the authority of on behalf of this committee	knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the
Sind the William Wilder	Date: 1 20 23

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.)

report all receipts.	Please include your committee name and a pa	age number on ea	ch page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/28/21	TAMANA Bury 93 Winthustor Drive Word	250	Admistrative Assistance
Maa	Ken Bates al Brighton Rd Horus	³⁾ 50	
16 lan	Rebecca Dagostino 13 Bigalow way S. Bratton	A) 25	
10/26	Christine Gagner	w.601 h	Retired - Social Working
10/25/21	Rhonda Graham	\$) 100.00	INSVIANCE AMICA
10/27/21	Jonne & Garabed Garabedian Br. Worl	CO 60/ 10	
Marlan	Romard & Judy 52018 Hrzelwood Shaunsburg		
10/23/21	ERICKA JATVIS 3 Hingham Rd Workester	\$ 200.00	Hairstylist Self Employed
10/21/21	Is Reprobush Path Works	1 NO.00	
ropolai	114 S. Wolon St. Worceson	(00.00	Refired
rolar an	17 Westport Dr. Working	250 ps	Both Retired
n 1 21	Michell Johnson 36 Zenith Dr. Woruskn	n 250.00	Social Workin
Line 9: Total Rece	ipts over \$50 (or listed above)	2,650	
Line 10: Total Reco	cipts \$50 and under* (not listed above)	\$75.00	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	a.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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Milai		1350	Retinid
11/1/21	Fermaine Johnson 36 Zenith Dr.	350	Social workers Ocpartment of Childre & Frankles
		0.30	
Linc 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	Q. Lina 10 shoul	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 expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/15/24	C&C Solutions	2 Brazish Farm Rd upton Ma	Robo Calls	3,650
1/10/22	Don Shudman Printing Consult	DY. Worusty MA	maite	1,160
Metelk	DS Political	1250 NOITH W. St. Washington DC.	Digital Advutizing	1,750
Halali	Stratedis?	399 Brus Rd 1706504,Mm	CAMPAINN	575.17
		Line 12: Total Expenditures over	er \$50 (or listed above)	7,135.17
		Line 13: Total Expenditures \$50	and under* (not listed above)	[de la constant de l
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU		7.13517

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u></u>
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES 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.

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
1/15/22	Planul Parunthood Langue of Massachusetts	1055 Commonwealth Are Boston, Ma	Statt time	48.50
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	48.50
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	48.50

^{*} 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.

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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
	:			
				1 2 2



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 06/0	25/2021 Ending Date: 10/25/2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
Jermaine Johnson Candidate Full Name (if applicable) Worcester School Commitee	Committee to Elect Jermaine Johnson Committee Name
Office Sought and District	Name of Committee Treasurer
36 Zenith Drive, Worcester, MA 01602	36 Zenith Dr. 01602,/ 93 Weatherstone Dr. 01604
Residential Address	Committee Mailing Address
E-mail: Jermaine 4 worcester equal. com	E-mail: tamara berry 1018@qmail.com
Phone # (optional): 508 - 615 - 7399	Phone # (optional): 508 - 335 - 4653
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 11)	\$14,697.00
Line 3: Subtotal (line 1 plus line 2)	\$14,697.90
Line 4: Total expenditures this period (page 5, lin	ne 14) \$7,84 = 73
Line 5: Ending Balance (line 3 minus line 4)	\$6,85 🔭
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	~\$2,46 /51 4
Line 8: Name of bank(s) used: Santander Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I be	ox only)
activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting	
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	te best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature)

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.)

D-4- D 1 1	Name and Residential Address	age number on eac	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	J'hoel Andujar 9 Shawmut Street #3 Worcester, MA 01609	\$50	
	Beth Anish 23 Bridle Path Auburn, MA 01601	\$100,00	
	Anonymous	\$100.00	
	Margot Barnet 121 Glendale Street Worcester, MA 01602	\$100.00	
	Shaun Beauregard 16 Amanda Lane Dayville, CT 06241	\$100.00	
	Paul Benoit 1143 Shannock Road Charlestown, RI 02813	\$50.00	
	Hazel Berry 80 Chester Street Worcester, MA 01605	\$100.00	
	Ken Bates 21 Brighton Road Worcester, MA 01606	\$50.00	
	Danielle Bjork 25 Browning Pond Road Spencer, MA 01562	\$100.00	
	Mark Borenstein 7 Hartshorn Avenue Worcester, MA 01602	\$100.00	
	Patrick Brink 11 Saint Elmo Road Worcester, MA 01602	\$50.00	
	Linda Brissett 34 Blaine Avenue Worcester, MA 01603	\$100.00	
ine 9: Total Recei	pts over \$50 (or listed above)	1,000,00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	670	\overline{r}
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	14697	← 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
07/31/2021	Christopher Caldwell 42 Lake Avenue, Suite 2 Worcester, MA 01604	\$500.00	Computer Technician
08/25/2021	Valerie Casagranda 9 Rowena Street, #1 Worcester, MA 01602	\$50.00	
06/27/2021	Giles Christenson 35 Zenith Drive Worcester, MA 01602	\$100.00	
06/24/2021	Mary Ellen Clifford 17 Arbutus Road Worcester, MA 01606	\$50.00	
09/25/2021	Gerald Creamer 18 Job Cushing Road Shrewsbury, MA 01545	\$100.00	
06/24/2021	Caitlyn Cruz 43 Walworth Street Worcester, MA 01602	\$50.00	
09/16/2021	Rebecca Dagostino 13 Bigelow Way Grafton, MA 01560	\$50.00	
06/16/2021	Brenda Diggs 93 Blackstone River Road Worcester, MA 01607	\$126.00	
06/25/2021	Moses Dixon 15 Trahan Avenue Worcester, MA 01604	\$100.00	
6/23/2021	Deborah Doray 44 Oxford Street, North Auburn, MA 01501	\$100.00	
06/24/2021	Keontae Duff 8-B Hillside Street Worcester, MA 01610	\$50.00	
7/31/2021	Keontae Duff 8-B Hillside Street Worcester, MA 01610	\$75.00	
6/21/2021	Efua Dufu 45 Midgley Lane Worcester, MA 01604	\$100.00	
ine 9: Total Recei	pts over \$50 (or listed above)	1,451	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

Page 3

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
06/22/2021	Michael Ellsworth P.O. Box 512 Millville, MA 01529	\$100.00	
08/02/2021	June Eressy 86 Moore Avenue Worcester, MA 01602	\$200.00	Retired Teacher
06/24/2021	Mary Erickson 1803 Forest Park Drive Auburn, MA 01501	\$100.00	Retired
07/31/21	Mary Erickson 1803 Forest Park Drive Auburn, MA 01501	\$50.00	Retired
09/16/2021	Mary Erickson 1803 Forest Park Drive Auburn, MA 01501	\$50.00	Retired
10/09/2021	Jeanne Esler 10 Point Way Sutton, MA 01590	\$1,000.00	Unemployed
10/09/2021	John Esler 10 Point Way Sutton, MA 01590	\$1,000.00	Unemployed
09/16/2021	Walter Estrada 1 Travis Street Worcester, MA 01604	\$100.00	
06/16/2021	Albert Evans 1453 Eastmont Drive Conyers, GA 30012	\$100.00	
07/02/2021	Michael Fassett 196 East County Road Rutland, MA 01543	\$100.00	
06/24/2021	Renee Faulkner 25 Fox Meadow Drive Worcester, MA 01602	\$100.00	
99/24/2021	Yda Filibert 7 Massachusetts Avenue Worcester, MA 01609	\$100.00	
08/22/2021	Nancy Foskett 19 Kendig Street Worcester, MA 01610	\$50.00	
ine 9: Total Recei	pts over \$50 (or listed above)	3050	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

Page 3

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
06/15/2021	Katie Friend 5 St. Paul Drive Worcester, MA 01602	\$100.00	
06/24/2021	Ramona Gardenhire 167 Lincoln Street Worcester, MA 01605	\$50.00	
07/26/2021	Lena Graham 1069 Sassaquin Avenue New Bedford, MA 02745	\$100.00	
06/24/2021	Linda Graham 55 Quaker Lane Bolton, MA 01740	\$100.00	
06/24/2021	Jose Guerra 16 Willard Street Dedham, MA 02026	\$101.00	
07/26/2021	Nikki Harris 12504 Madeley Lane Bowie, MD 20715	\$100.00	
06/30/2021	Stephanie Harris 40 Newell Hill Road Sterling, MA 01564	\$100.00	
06/24/2021	Haley Hathaway 279 James Street Worcester, MA 01603	\$100.00	
06/16/2021	Honee Hess 6 Crown Street, #1 Worcester, MA 01609	\$100.00	
06/15/2021	Patrick Hickey, Sr. 17 Homer Street Worcester, MA 01602	\$75.00	
0/21/2021	Patrick Hickey, Jr. 10 Newton Avenue Worcester, MA 01602	\$50.00	
06/24/2021	Keith Hughes 5 Ash Street Webster, MA 01570	\$75.00	
7/16/2021	Geneva Irby 116 Meadowood Circle Adamsville, AL 35005	\$100.00	
ine 9: Total Rece	ipts over \$50 (or listed above)	lisi	
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD d receipts of \$50 and under, include them in line	←	

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/23/2021	Ericka Jarvis 3 Hingham Road Worcester, MA 01606	\$200.00	Hairstylist
08/14/2021	Donna Jerszyk-Hollis 14 Hobbs Road Princeton, MA 01541	\$50.00	
06/24/2021	Alfred Johnson 17 Westport Road Worceser, MA 01605	\$100.00	
06/24/2021	Dana Johnson P.O. Box 3635 Worcester, MA 01613	\$150.00	
06/22/2021	Donnalois Johnson 356 Silk Street Lawnside, NJ 08045	\$100.00	
06/24/2021	Sean Johnson 177 South Flagg Street Worcester, MA 01602	\$200.00	Consultant
06/23/2021	Shannon Johnson 120 Jones Cemetery Road Orange, MA 01364	\$50.00	
06/24/2021	Tavie Johnson 51 Wall Street Worcester, MA 01604	\$100.00	
10/21/2021	William Johnson 15 Pearl Bush Path Worcester, MA 01607	\$100.00	
06/24/2021	Vanessa Jones 8-B Hillside Street Worcester, MA 01610	\$100.00	Admin. Asst.
09/16/2021	Vanessa Jones 8-8 Hillside Street Worcester, MA 01610	\$50.00	Admin. Asst.
10/23/2021	Vanessa Jones 8-B Hillside Street Worcester, MA 01610	\$150.00	Admin. Asst.
07/31/2021	Deborah Karalus 44 Baker Street Worcester, MA 01603	\$100.00	
Line 9: Total Recei	ipts over \$50 (or listed above)	1450	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
<u> </u>	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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
06/24/2021	Nancy Karam 77 Venus Drive Worcester, MA 01605	\$50.00	Dental Asst.
07/31/2021	Nancy Karam 77 Venus Drive Worcester, MA 01605	\$100.00	Dental Asst.
09/16/2021	Nancy Karam 77 Venus Drive Worcester, MA 01605	\$100.00	Dental Asst.
07/30/2021	Khrystian King 9 Victoria Avenue Worcester, MA 01607	\$100.00	
07/13/2021	Anna LaHair 186 Chapel Street Leicester, MA 01524	\$50.00	
06/24/2021	Marie LaHair 12 Barnett Road Sutton, MA 01590	\$150.00	
06/24/2021	Marilee LaHair 114 S. Ludlow Street Worcester, MA 01603	\$100.00	Retired
07/31/2021	Marilee LaHair 114 S. Ludlow Street Worcester, MA 01603	\$100.00	Retired
99/16/2021	Marilee LaHair 114 S. Ludlow Street Worcester, MA 01603	\$100.00	Retired
0/21/2021	Marilee LaHair 114 S. Ludlow Street Worcester, MA 01603	\$100.00	Retired
6/24/2021	Regina LaHair 8 Batavia Street Worcester, MA 01604	\$100.00	
0/20/2021	Hana Lasell 1 Ruth Street Worcester, MA 01602	\$100.00	
0/20/2021	David Leboeuf 21 Illinois Street #303 Worcester, MA 01603	\$75.00	
ine 9: Total Rece	ipts over \$50 (or listed above)	1225	
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

Page 3

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08/23/2021	Sarah Loy 15 Grenada Street Worcester, MA 01602	\$100.00	
06/23/2021	MA AFL-CIO- Working Peoples Fund 389 Main Street Malden, MA 02148	\$200.00	
06/24/2021	Lynn Mahoney 13 Columbus Street East Hartford, CT 06108	\$100.00	
09/16/2021	Susan Mailman 24 Holden Street Worcester, MA 01605	\$50.00	
06/24/2021	Patrick Maloney 108 Amherst Street Worcester, MA 01602	\$100.00	
08/09/2021	Laura Martinez 18 Rebecca Ann Drive Rutland, MA 01543	\$125.00	
10/14/2021	Danaah McCallum 21 Illinois Street Worcester, MA 01610	\$50.00	
07/09/2021	Monique Mercado 225 Highland Street Holden, MA 01520	\$50.00	
07/26/2021	Christine Montique 3 Camden Avenue Worcester, MA 01604	\$50.00	
06/24/2021	Tammy Murray 11 Kinnicutt Road Worcester, MA 01602	\$100.00	Director of Special Education
10/07/2021	Tammy Murray 11 Kinnicutt Road Worcester, MA 01602	\$100.00	Director of Special Education
10/10/2021	Nat Needle 151 Shrewsbury Street #5 Worcester, MA 01605	\$75.00	
09/22/2021	NE Laborers District Council/ Political League/ CPF ID#80479/ 7 Laborers Way/ Hopkinton, MA 01748	\$500.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	1600	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	on Line 10 shall	← Enter on page 1, line 2 d 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/19/2021	Philip Niddrie Zenith Drive Worcester, MA 01602	\$75.00	
07/31/2021	James O'Day 6301 Halycon Drive Worcester, MA 01606	\$100.00	
07/15/2021	Elizabeth Panagiotou 72 Hadwen Road Worcester, MA 01602	\$500.00	Pres. Employee Benefits Advisors/ Broker
09/20/2021	Donna Pearce 210 Moreland Street Worcester, MA 01609	\$150.00	
09/16/2021	Cheryl Pope 15 Westport Road Worcester, MA 01605	\$50.00	
99/16/2021	Kelly Prendergast 69 Sagamore Road Worcester, MA 01609	\$100.00	
06/24/2021	Bridget Quinn 776 Pleasant Street #3 Worcester, MA 01602	\$200.00	Legislativer Director
06/24/2021	Edward Quinn, Jr. 37 Havelock Road Worcester, MA 01602	\$75.00	
99/16/2021	Jodie Rich 49 Sagamore Road Worcester, MA 01609	\$50.00	
06/24/2021	Meghan Rondeau 5 Richards Avenue Rutland, MA 01543	\$50.00	
6/01/2021	SEIU-509 293 Boston Post Raod, West Marlboro. MA 01752	\$500.00	
9/17/2021	Dennis Sosa 52 Oak Pond Avenue Millbury, MA 01527	\$500.00	Manager-Cust. Service @ Zerto
7/20/2021	Jessica Stephen 102 Harwood Farm Road Southbridge, MA 01550	\$50.00	
ine 9: Total Rece	pts over \$50 (or listed above)	2400	
ine 10: Total Rece	sipts \$50 and under* (not listed above)		
ine 11: TOTAL I	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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08/23/2021	Geoff Sylvester 95 Birch Street Peabody, MA 01960	\$150.00	
06/25/2021	Brian Theirrien 6 Pond Street Newton, NH 03858	\$50.00	
06/24/2021	Nellie Toney 80 Salisbury Street, #504 Worcester, MA 01609	\$50.00	
07/16/2021	Tara Tracy 119 Burncoat Street Worcester, MA 01606	\$100.00	
06/24/2021	Eileen Turbitt 14 Commodore Road Worcester, MA 01602	\$100.00	
06/24/2021	Wendy Walsh 10 Newton Avenue Worcester, MA 01602	\$50.00	
08/14/2021	Donal Xhengo 285 Putnam Hill Road Sutton, MA 01590	\$100.00	
* Joanna Jarabedian		\$100.00	
ine 9: Total Recei	pts over \$50 (or listed above)	700	
ine 10: Total Rece	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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 com-

In	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
09/10/2021	Artefact	12 Harvard Street - Worcester, MA 01609			
06/11/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Hudson, MA Business Cards		
07/16/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Lapel Stickers	\$113.0	
07/16/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Palm Cards - Literature	\$765.0	
07/16/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Thank You Postcards	\$276,2	
09/17/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Lawn Signs & H-Stakes	\$1,115.6	
10/07/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Postcard Mailers	\$2,467.14	
10/21/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Postcard Mailers	\$575.1	
10/25/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	Postcard Mailers, Standard Postage & Handling	\$2,076.03	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$7,844.73	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	\$0.00	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$7,844.73	

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
:				
	100 M. N. N. 100 M. 100 M.			
1100 1221				
		Line 12: Expenditures over S	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
	Face 4 11 1	1		
		Line 14: TOTAL EXPEND	ITURES IN THE PERIOD 3 should include only those expenditure	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
			\$0.0
		Line 15: In-Kind Contributions over \$50 (or listed above)	\$0.0
		Line 16: In-Kind Contributions \$50 & under (not listed above)	\$0.0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$0.0

^{*} 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.

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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	
10/25/2021	Winning Campaign Strategies	399 River Road - Hudson, MA 01749	6"x9" Mailers	~\$2,467.14	
7					
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	~\$2,467.14	



Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	Jermaine Lamont Johnson		· · · · · · · · · · · · · · · · · · ·		·
	Residential Address: 36 Zenith Drive					
	City / State / Zip:	Worcester		MA	01602	
	E-Mail Address: Je	rmaine4Worcester@gmail.co	om	Phone #:	508-615-7	299
(2)	Party Affiliation:				202	(If applicable)
OFFICE SOUG	HT/PURPOSE:					S
	Title:	Worcester School Committe	ee		₽ *	S S
	District:	At Large			28	000
COMMITTEE:	Name of Committee:	The Committee to Elect Je	rmaine lohnson	•••	70	Vid Div
		(The name of the comm		candidate's last name)	10	0
	Committee Mailing Ad			•	55	0
	City / State / Zip:	Worcester	MA 01	502 Phone #:	508-615	5-7299
OFFICERS:						
Chairman: Je	ermaine Johnson		Treasurer*:	Tamara Berry		
Residential Address: 3	6 Zenith Drive		Residential Address:	93 Weatherstone Drive	11 - 200 - T 1 - 200 0	
City / State / Zip: W	/orcester	MA 01602	City / State / Zip:	Worcester	MA	01604
Phone #: 508-615	7299		Phone # 508-33	35-4653 Email: tama	raberry1018	@gmail.com
9.4		2012 (2.1	414 110	may not serve as treasurer of an	y political comm	nittee (see reverse).
Other Officer/Title: -			Other Officer/Title:			
Residential Address –		El .	Residential Address:			
City / State / Zip:			City / State / Zip:			
Phone #:			Phone #:			
		d attach a Form CPF M A 101, if necess				
behalf. I am aware the relevant election. SIGNED UNDER TO	hat candidates are requ	Candidate's signate	records of all campa	ign finance activity for a per	iod of six year Date:	s from the date of $\frac{5/38/3}{}$
that: 1) I am subject to and records of all car	to certain duties and lia mpaign finance activity ployee, I must resign th	ne above-named committee. I affirm abilities under M.G.L. c. 55, including of or a period of six years from the of this position and notify GCPF of my	ing the timely filing date of the relevant o	of campaign finance reports election; 2) if after my accep	and keeping d tance of this of	etailed accounts ffice I become an
	HE PENALTIES OF P	Treasurer's signature above-named committee.	un M		Date:	5/28/21
	HE PENALTIES OF P		1			
		Chairman's signatu	ıre		Date:	