



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received  
Worcester City Clerk

Commonwealth  
of Massachusetts

2024 JAN 03 PM 10:20  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/30/23 Ending Date: 12/31/23

Type of Report: (Check one)

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

Jermaine L. Johnson  
Candidate Full Name (if applicable)

Worcester School Committee Dist. F  
Office Sought and District

36 Zenith Dr. 01602  
Residential Address

E-mail: Jermaine4Worcester@gmail.com

Phone #: 508-605-7299

Committee to Elect Jermaine Johnson  
Committee Name

Tamara Berry  
Name of Committee Treasurer

93 Weatherston Dr. 01604  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone #: 508-335-4653

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2,212.25</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,212.25</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>584.58</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,627.67</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$440.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Santander</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: \_\_\_\_\_ (Treasurer's signature) Date: 1/23/2024

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

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: 1/22/24



















Commonwealth of Massachusetts

# 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: 1/1/23 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

Jermaine L. Johnson  
Candidate Full Name (if applicable)

Worcester School Committee  
Office Sought and District

36 Zenith Drive 01602  
Residential Address

E-mail: Jermaine4Worcester@gmail.com

Phone # (optional): (508)615-7299

Committee to Elect Jermaine Johnson  
Committee Name

Tamara Berry  
Name of Committee Treasurer

93 Weatherstone Drive 01604  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): (508) 335-4653

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>96.05</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3,180.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3,276.05</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,063.80</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,212.25</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Santander</u>

RECEIVED WORCESTER CITY CLERK

#### 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: \_\_\_\_\_ (Treasurer's signature)

Date: 10/29/2023

#### 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: \_\_\_\_\_ (Candidate's signature)

Date: 10/30/23

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/26/23	Alfred Bronwyn 28 South Lenox Street Worcester, MA 01602	100 <sup>00</sup>	
5/10/23	Joseph + Candice Carlson 42 Benedict Road Worcester, MA 01604	100 <sup>00</sup>	
5/12/23	Brenda Diggs 93 Blackstone River Rd #1 Worcester, MA 01607	100 <sup>00</sup>	
1/8/23	Aislinn Doyle 25 Franconia Street Worcester, MA 01602	25 <sup>00</sup>	
5/3/23	June Eressy 86 Moore Avenue Worcester, MA 01602	200 <sup>00</sup>	Retired Educator
5/10/23	Mary Erickson 1803 Forest Park Dr Auburn, MA 01510	50 <sup>00</sup>	
8/12/23	Michael Fassett 196 East County Road Rutland, MA 01543	100 <sup>00</sup>	
8/14/23	Charran Fisher P.O. Box 20039 Worcester, MA 01602	150 <sup>00</sup>	
7/27/23	Ramona Gardenhire 167 Lincoln Street Worcester, MA 01605	100 <sup>00</sup>	
5/4/23	Rhonda Graham 51 Ernest Avenue, Unit 3 Worcester, MA 01604	50 <sup>00</sup>	
5/10/23	John Graham 291 Mill Street Worcester, MA 01602	40 <sup>00</sup>	
5/10/23	Johanna Hampton-Dance 44 Park Terrace Road Worcester, MA 01604	25 <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)		850 <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)		190 <sup>00</sup>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1,040<sup>00</sup></b>	← 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/10/23	Johanna Hampton Dana 44 Park Terrace Rd Worce. MA 01604	\$25	Healthcare
5/10/23	Patrick Hickley 10 Newton Ave Worce. MA 01605	\$50	Teacher
5/10/23	Sean Johnson 177 S. Flagg, Worcester, MA 01602	\$200	Business manager
5/10/23	Alfred & Deborah Johnson 17 Westport Road Worcester MA 01605	\$200	Retired
8/14/23	Alfred & Deborah Johnson 17 Westport Road Worcester MA 01605	\$50	Retired
8/19/23	Vanessa Jones 818 Hillside Street Worce. MA 01610	\$100	
5/10/23	Sam and Nancy Karam 77 Venus Drive Worcester, MA 01605	\$100	Dental Asst
5/15/23	Kim Karaman 151 Tremont Street 16E Boston MA 02111	\$150	Self Employed
5/10/23	Marilee Lattair 114 S. Ludlow St Worce. MA 01603	\$50	Retired
8/14/23	Marilee Lattair 114 S. Ludlow Street Worce. MA 01603	\$25	Retired
5/10/23	Michael Lanava 877 Grove Street Ter Worce. MA 01605	\$125	manager
9/1/23	David LeBoeuf 21 Illinois St. Unit 303 Worce. MA 01610	\$50	Legislator
Line 9: Total Receipts over \$50 (or listed above)		\$875	
Line 10: Total Receipts \$50 and under* (not listed above)		\$250	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1,125</b>	← 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. Lasell 1 Ruth Street Worcester, MA 01602	50 <sup>00</sup>	
5/16/23	John Mahoney 138 Newton Ave, North Worcester, MA 01609	100 <sup>00</sup>	
5/3/23	Susan Mailman 24 Holden Street Worcester, MA 01605	25 <sup>00</sup>	
5/10/23	Daniel Mara, Jr. 11 Greenfarm's Road Worcester, MA 01605	25 <sup>00</sup>	
5/11/23	Lisa Martin 14 Baurne Street, Apt 3 Worcester, MA 01606	40 <sup>00</sup>	
8/24/23	Laura Martinez 18 Rebecca Ann Drive Rutland, MA 01543	100 <sup>00</sup>	
5/10/23	Maureen + Thomas McCullough 2 Frontenac Road Worcester, MA 01602	25 <sup>00</sup>	
5/10/23	Molly McCullough 5 Hockanum Way Worcester, MA 01606	25 <sup>00</sup>	
8/19/23	Molly McCullough 5 Hockanum Way Worcester, MA 01606	25 <sup>00</sup>	
5/10/23	Margaret Mulhern 25 Barraws Road Worcester, MA 01609	100 <sup>00</sup>	
5/10/23	Marybeth Murphy-D'Bay 41 Winthrop Street West Baylston, MA 01589	100 <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)	400 <sup>00</sup>		
Line 10: Total Receipts \$50 and under* (not listed above)	215 <sup>00</sup>		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	615 <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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/10/23	Tracy Novick 135 Olean St. Worc MA 01602	\$25	
8/15/23	Alan Pettway 145 Front Street Worc MA 01608	\$100	
8/14/23	Jodi Rich 49 Sagamore Rd. Worc MA 01609	\$25	
5/11/23	Geoff Sylvester 95 Birch Street Peabody MA 01960	\$100	
5/10/23	Brian Therrien Le Pond Street Newton MA 03858	\$50	
5/10/23	Christian weber 95 Barrows Road Worc MA 01609	\$100	

Line 9: Total Receipts over \$50 (or listed above) \$ 300

Line 10: Total Receipts \$50 and under\* (not listed above) \$ 100

**Line 11: TOTAL RECEIPTS 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 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
8/14/23	Remy's Deli		Fundraiser - Food -	180.00
7/10/23	Winning Campaign Strategies		Re-Elect Sticks	184.08
7/20/23	Winning Campaign Strategies		Palm Cards	699.72

<b>Line 12: Total Expenditures over \$50 (or listed above)</b>	<u>1,063.80</u>
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<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>	
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Enter on page 1, line 4 →	<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<u>1,063.80</u>
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\* 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 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 CONTRIBUTIONS** 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.

## 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 OUTSTANDING LIABILITIES (ALL)**