



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 19, 2019 Ending Date: Dec 31, 2019

Type of Report: (Check one)

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

Bernette Dawson
Candidate Full Name (if applicable)

Cambridge School Committee
Office Sought and District

71 Oxford Ave #8, Cambridge, MA 02138
Residential Address

E-mail: bernettedawson@gmail.com

Phone # (optional): (617) 642-7345

Bernette Dawson for School Committee
Committee Name

Angela Wong
Name of Committee Treasurer

71 Oxford Ave #8, Cambridge, MA 02138
Committee Mailing Address

E-mail: info@bernettedawson.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,618.31
Line 2: Total receipts this period (page 3, line 11)	1,519
Line 3: Subtotal (line 1 plus line 2)	3,137.31
Line 4: Total expenditures this period (page 5, line 14)	2,466.13
Line 5: Ending Balance (line 3 minus line 4)	671.18
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Citizens Bank

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: [Signature] (Treasurer's signature) Date: Jan 6, 2020

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: [Signature] (Candidate's signature) Date: Jan 6, 2020

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)
	please see attached sheet		
Line 9: Total Receipts over \$50 (or listed above)		1,519	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,519	← 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.

BERNETTE FOR SCHOOL COMMITTEE

RECEIPTS

date	from whom	address	value	occupation/employer
10/29/19	Christo, Gina	24 Burr St, Apt 1, Jamaica Plain, MA 02130	\$25.00	senior consultant/Rivera Consulting
10/29/19	Deck, Jessica	3424 Cherry St, Apt A6, Grand Forks, ND 58201	\$40.00	not employed
10/22/19	Donald L. Berman	30 Kelley St, Cambridge, MA 02138	\$54.00	
10/20/19	Erickson, Will	102 Reed St, Cambridge, MA 02140	\$25.00	organizer/SHARE/AFSCME
11/3/19	Gallucio, Anthony	7 Trowbridge Pl, Cambridge, MA 02138	\$250.00	lawyer/Galluccio & Watson LLP
10/20/19	Howell, Erin	30 Shea Rd, Cambridge, MA 02140	\$100.00	social worker/self
10/16/19	Lateiner, Abraham	286 Windsor St #1, Cambridge, MA 02139	\$50.00	organizer/self
10/29/19	Losordo, Yooree Kim	89 Munroe St, Roxbury, MA 02119	\$500.00	consultant/self
10/19/19	Minervino, PJ & DJ	61 Frost St, Cambridge, MA 02140	\$50.00	
10/12/19	Pierce, Sidonie	67 Pemberton St #3, Cambridge, MA 02140	\$25.00	teacher/Medford Public Schools
11/2/19	Postal, Megan	25 Hubbard Ave, Cambridge, MA 02140	\$100.00	consultant/self
10/20/19	Rich-Shea, Atara	115 Reed St, Cambridge, MA 02140	\$100.00	director of operations/Massachusetts Bail Fund
10/28/19	Rothstein, Nathan	180 Commonwealth Ave, Apt 15, Boston, MA 02116	\$25.00	co-founder/Project Repeat
10/18/19	Schneeloch, George	81 School St #1, Somerville, MA 02143	\$25.00	software developer/MIT
10/20/19	Schulz, Margaret	53 Clifton St, Cambridge, MA 02140	\$50.00	social worker/McLean Hospital
10/13/19	Sullivan, Eve Odiorne	144 Pemberton St, Cambridge, MA 02140	\$100.00	retired
	line 9	total receipts over \$50 or listed above	\$1,519.00	
	line 10	total receipts under \$50 not listed above	\$0.00	
	line 11	TOTAL RECEIPTS	\$1,519.00	

BERNETTE FOR SCHOOL COMMITTEE				
EXPENSES				
date	paid to whom	address	value	purpose
thru	actblue	actblue.com	\$24.32	fees for online donations
10/23/19	Gravis Marketing	920 Belle Ave #1330, Winter Springs, FL 32708	\$1,547.00	election day text messages, 2 rounds of 4619
10/29/19	Staples	186 Alewife Brook Pkwy, Cambridge, MA 02138	\$25.99	posters
10/30/19	Dollar Tree	Somerville	\$8.50	marketing supplies
10/31/19	Target	180 Somerville Ave, Somerville, MA 02143	\$63.74	wagon to carry campaign materials
10/31/19	Staples		\$94.13	campaign banner
11/4/19	Gravis Marketing	920 Belle Ave #1330, Winter Springs, FL 32708	\$323.33	election day text messages
11/4/19	Dollar Tree	Allston	\$5.31	marketing supplies
11/4/19	AC Moore	Fresh Pond Mall, Cambridge, MA 02138	\$43.47	election day sign supplies
11/4/19	Staples	186 Alewife Brook Pkwy, Cambridge, MA 02138	\$12.74	election day posters
11/4/19	Dollar Tree	Somerville	\$5.31	marketing supplies
11/12/19	Friends of Amigos School	15 Upton St, Cambridge, MA 02139	\$75.00	lawn sign collection
12/2/19	Pyara Spa and Salon	101 Middlesex Turnpike, Burlington, MA 01803	\$80.00	thank you gifts for campaign staff
12/10/19	Bernette Dawson	71 Oxford St #8, Cambridge, MA 02138	\$157.29	Article 24 meal for volunteers on 11/8/19
line 12		<i>total expenses over \$50 or listed above</i>	\$2,466.13	
line 13		<i>total expenses under \$50 not listed above</i>	\$0.00	
line 14		TOTAL EXPENDITURES	\$2,466.13	

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
	none			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

RECEIVED

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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CITY OF CAMBRIDGE
ELECTION COMMISSION

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/8/19	Article 24	458 Western Ave. Brighton, MA 02135	meal for volunteers	157.29

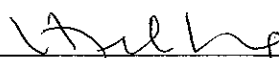
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.