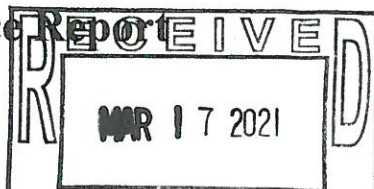




# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance



File with: CITY OF CONCORD TOWN CLERK  
City of Concord Election Commission

Fill in Reporting Period dates: Beginning Date: 01-08-2021 Ending Date: 03-08-2021

Type of Report: (Check one)

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

Karlen J. Reed  
Candidate Full Name (if applicable)

Select Board member, Concord MA  
Office Sought and District

83 Whit's End Road Concord, MA 01742  
Residential Address

E-mail: karlen4Concord@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Karlen Reed for Concord Select Board  
Committee Name

Faith Bader  
Name of Committee Treasurer

7 River Street Concord, MA 01742  
Committee Mailing Address

E-mail: fhbader@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	.00
Line 2: Total receipts this period (page 3, line 11)	5,378.00
Line 3: Subtotal (line 1 plus line 2)	5,378.00
Line 4: Total expenditures this period (page 5, line 14)	3,697.23
Line 5: Ending Balance (line 3 minus line 4)	1,680.77
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	4,007.90
Line 8: Name of bank(s) used:	<u>Middlesex 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: Faith Bader (Treasurer's signature) Date: March 16, 2021

**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: Karlen J Reed (Candidate's signature) Date: 3/17/21

## 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)
3-03-2021	Terri Ackerman 89 Heath's Bridge Rd Concord, MA 01742	50.00	
2-13-2021	Stephan M. Bader 7 River St Concord, MA 01742	100.00	
2-07-2021	Susan A. Bates 28 Concord Greene #6 Concord, MA 01742	100.00	
1-29-2021	Nancy Beeuwkes 1360 Monument St Concord, MA 01742	1,000.00	Retired
3-2-2021	Mary D Clarke 26 Bartlett Hill Concord, MA 01742	15.00	
2-25-2021	Raymond J. Considine 133 Annurnnac Hill Rd Concord, MA 01742	100.00	
3-3-2021	Marjorie M. Daggett 80 Deaconess Rd #134 Concord, MA 01742	50.00	
2-9-2021	Barbara Finan 28 Peter Bulkeley Rd Concord, MA 01742	50.00	
03-2-2021	Eileen Furth 201 Annurnnac Hill Rd Concord, MA 01742	25.00	
2-21-2021	Louise Haldeman 384 Annurnnac Hill Rd Concord, MA 01742	25.00	
2-17-2021	Anne Hayden 342 Sudbury Rd Concord, MA 01742	1,000.00	Retired
02-10-2021	Judith M. Hill 100 Keyes Rd #212 Concord, MA 01742	60.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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)
02-16-2021	Pamela Howell 668 Annurnnac Hill Rd Concord, MA 01742	250.00	Religion - First Religious Society, Carlisle, MA
01-28-2021	Dorothy Landry Kehoe 51 MacArthur Rd Concord, MA 01742	100.00	
03-01-2021	Bonnie Polakoff 68 Whit's End Rd Concord, MA 01742	25.00	
02-18-2021	Ellen Quackenbush 206 Prairie St Concord, MA 01742	50.00	
02-07-2021	Margaret Randall 146 Minuteman Dr Concord MA 01742	100.00	
01-12-2021	Karlen Reed * Candidate Loan * 83 Whit's End Rd Concord, MA 01742	2,000.00	Retired
02-12-2021	Sarah Boring Satterthwaite 297 Lawsbrook Rd Concord, MA 01742	25.00	
02-13-2021	Judith A. Shanley 58 Whit's End Rd Concord, MA 01742	30.00	
02-17-2021	Valerie Tratnyek 43 Hill St Concord, MA 01742	100.00	
Line 9: Total Receipts over \$50 (or listed above)		5,255.00	
Line 10: Total Receipts \$50 and under* (not listed above)		123.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		5,378.00	← 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 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
01-12-2021	Karlen Reed	83 Whit's End Rd Concord, MA 01742	Candidate Loan from Karlen Reed to open Checking Account for the Campaign Committee.	2,000.00
02-22-2021	Karlen Reed	83 Whit's End Rd Concord, MA 01742	Reimbursement for CC payment: Concord Journal Newspaper Ads in March, 2021	2,007.90
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	4,007.90



Commonwealth  
of Massachusetts

## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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

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
02-12-2021	Concord Printing, LLC	94 Thoreau Street Concord, MA 01742	printing campaign lawn signs	471.22

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	471.22
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>471.22</b>

**Signed under the penalties of perjury:**

  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date:

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



Commonwealth  
of Massachusetts

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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:	01-23-2021
Name of Individual Being Reimbursed:	Margaret Wargelin	
Committee Name:	Committee to Elect Karlen Reed for Concord Select Board	
CPF ID Number (if applicable):	n/a	Telephone Number (optional): <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
01-18-2021	GoDaddy.com, LLC	14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260	campaign domain registration and website hosting	119.93
(Include items listed on Page 2) →				
Line 1: Expenditures in excess of \$50 (itemized above):				119.93
Line 2: Expenditures \$50 or under (not itemized):				
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>				<b>119.93</b>