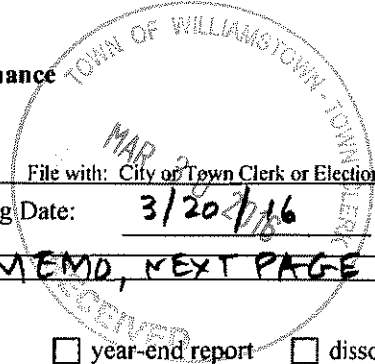




Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Reporting Period dates: Beginning Date: 1/1/16* Ending Date: 3/20/16

*SEE ATTACHED MEMO, NEXT PAGE

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): _____

Office Sought and District: _____

Residential Address: _____

E-mail: _____

Phone # (optional): _____

BUILD GREYLOCK
Committee Name

JAMES MAHON
Name of Committee Treasurer

195 Pine Cobble Rd. Williamstown 01267
Committee Mailing Address

E-mail: **jmahon@williams.edu**

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0 -</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4007.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4007.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3805.85</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>201.15</u>
Line 6: Total in-kind contributions this period (page 6)	<u>502.85</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1635.34</u>
Line 8: Name of bank(s) used:	<u>MOUNTAIN ONE Williamstown, MA</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.

Witnessed under the penalties of perjury: James E Mahon (Treasurer's signature) Date: 3/29/16

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.

Witnessed under the penalties of perjury: _____ (Candidate's signature) Date: _____

TO: Town Clerks of Lanesborough and Williamstown

FROM: Jim Mahon, Treasurer of Build Greylock, a committee formed to advocate for a positive vote on the debt exclusion override for the Mt Greylock regional school construction project

DATE: March 29, 2016

RE: Form filed in error

When preparing this 30-day post-election campaign finance report for Williamstown, using form CPF M 102, I discovered that when filing the eighth-day-prior reports for both towns, I filed the wrong form, CPF M 22. This form is for organizations or people that independently support a municipal ballot question. Because it assumes that the organization or person is the source of funds, the form does not ask for receipt information. Therefore, on the advice of Jason Tait in the OCPF Boston office (1-800-462-6273), I have reported all receipts here, including those received before the closing dates listed on the two forms filed in error (2/12 for Williamstown, 2/26 for Lanesborough).

SCHEDULE A: RECEIPTS LB = Lanesborough MA

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)
3/12/16	Albano, John 168 North St. Lanesboro	100.	
2/13/16	Art, Jamie 40 Mt. Williams Dr. Wmstn	200.	Director of Real Estate + Legal Affairs, Williams College
2/8/16	Bolton, Christopher 84 Summer St. Wmstn	30.	
3/22/16	Budz, Andrew DDS 1077 N. Hoosac Rd. Wmstn	100	
2/11/16	Costley, Elizabeth 70 Bulkeley St. Wmstn	100.	
3/11/16	Daley, Hugh 106 Southworth St. Wmstn	350.	proprietor, Card Master England Co., Inc., North Adams
2/29/16	Devoe, Joan 14 S. Main St. Lanesboro	50.	
1/29/16	Ellis, Rose 380 Stratton Rd. Wmstn	250.	retired Superintendent, Mount Greylock Regional Schools
2/5/16	Falk, Adam 45 Saulnier Dr. Wmstn	250.	President, Williams College
2/28/16	Filson, Adam 166 Stratton Rd. Wmstn	100.	
2/18/16	Galib, Chris 1333 Churchill St. Lanesb.	50.	
2/12/16	Gold, Mark 485 Oblong Rd. Wmstn	100.	
Line 9: Total Receipts over \$50 (or listed above)		1680.	
Line 10: Total Receipts \$50 and under* (not listed above)		232	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,007	← 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/11/16	Rempell, David 454 Stratton Rd. Wmstn	50.	
2/18/16	Shen, Geraldine 796 Main St. Wmstn	100.	
3/20/16	Spatz, Lawrence 56 Bridge St. Leveshore	50.	
2/10/16	Stegeman, Robert 275 Riverview Run Wmstn	50.	
2/18/16	Steubner, Erwin 95 Sabin Dr. Williamstn	100.	
2/25/16	Swann, Robert 64 Candlewood Dr. Wmstn	100.	
2/20/16	Turbin, Judith 644 Bee Hill Rd. Wmstn	100.	
2/16/16	Wade, Courtney 40 Laurie Dr. Wmstn	100.	
2/16/16	Winters, Christopher 70 Church St. Wmstn	50.	

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

700.

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

4,007

← 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 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
2/29, 3/15/16	Consolini, Paula Administrator,	195 Pine Cobble Rd Williamstown MA	Food for meeting, standouts	307.85
	↳ Williams College			
2/18, 3/10/16	Goodwin, Elinor	46 Sunset Dr, Williamstown	design and management services	195.00
Line 15: In-Kind Contributions over \$50 (or listed above)				502.85
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				502.85

Enter on page 1, line 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
3/10/16	The Print Shop	228 Main St., #417, Williamstn	Signs, mailers, design, printing	1488.34
3/5/16	Paula Consolini	195 Pine Cobble Rd. Winstn	stamps	147.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1635.34