



Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

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Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2016 Reporting Period: Beginning Date: 3/29/16 Ending Date: 5/5/16

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

Tommasino Olson
Candidate Full Name (if applicable)

Belmont Housing Authority
Residential Address

10 Bay State Rd Belmont
Office Sought and District

E-mail: tom.olson@gmail.com

Phone # (optional): 617-489-2828

Committee to Elect Tommasino Olson
Committee Name

Steven W AYWARD
Name of Committee Treasurer

154 Worcester St Westford 02472
Committee Mailing Address

E-mail: swayl2929@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>< 755.19 ></u>
Line 2: Total receipts this period	<u>450.00</u>
Line 3: Subtotal	<u>< 305.19 ></u>
Line 4: Total expenditures this period	<u>53.02</u>
Line 5: Ending Balance	<u>< 358.21 ></u>
Line 6: Total in-kind contributions this period	<u>280.00</u>
Line 7: Total (all) outstanding liabilities	<u>Ø</u>
Line 8: Name of bank(s) used:	<u>Belmont Savings Bank</u>

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Addition error - line three should have been reported as a negative. Line five also was an addition error and should have been a negative. Line 7 was erroneously reported, and should have been Ø. There is no outstanding liability.

Signed under the penalties of perjury:

Tommasino Olson
(Candidate's signature)

Date: 1/27/17

Signed under the penalties of perjury:

Steven W Ayrward
(Treasurer's signature)

Date: 1/27/17

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)
9/5/16	Joyce Ellard 12 Horace Rd Belmont	200	Retired
4/29/16	Belmont Republican Town Committee, 12 Horace Rd Belmont	200	Belmont Republican Town Committee; political organization
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		50 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		450⁰⁰	← 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
3/29/16	Debbie Dugan	25 Hill Ave Waltham	postage stamps	150 ⁰⁰
3/29/16	Steven AYWARD	154 Worcester St Waltham	postage stamps	130 ⁰⁰
Line 15: In-Kind Contributions over \$50 (or listed above)				280 ⁰⁰
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				280 ⁰⁰

* 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.

