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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: June 12, 2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Deborah Wessling	22 2
Candidate Full Name (if applicable)	Committee Name
Construct Constr	Name of Committee Treasurer
61 Manns Dr, Hanover, MA, 02339	
Residential Address	Committee Mailing Address E-mail:
E-mail: Debwess21@gmail.com	
Phone # (optional): 6175298833	Phone # (optional):
SUMMARY BALANO	CE INFORMATION:
SCIVILIZATI DALIZATI	EL INTORNATION.
Line 1: Ending Balance from previous report	388.79
Line 2: Total receipts this period (page 3, line 11)
	,
Line 3: Subtotal (line 1 plus line 2)	388.79
Line 4: Total expenditures this period (page 5, line	ne 14) o
Line 5: Ending Balance (line 3 minus line 4)	388.79
Line 6: Total in-kind contributions this period (p	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be-	st of my knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	n accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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 finance activity, including contributions, loans, receipts, expenditures, disbursemen campaign finance activity of all persons acting under the authority or on behalf of the processing of the process	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: ———————————————————————————————————	(Candidate's signature) Date: 6/12/2023

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.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ne 9: Total Receip	ots over \$50 (or listed above)		
e 10: Total Recei	pts \$50 and under* (not listed above)		
			1
a 11. TOTAL D	ECEIPTS IN THE PERIOD	1	← 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)
ne 9: Total Receip	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	← 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.

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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.)

	eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
(not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	,			
	4			
		Line 12: Expenditures over \$50	(or listed above)	0
Line 13: Expenditures \$50 and under* (not listed above)			0	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0
	Enter on page 1, line 4 > Line 14: 101AL EXPENDITURES IN THE PERIOD			

^{*} 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)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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.

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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 OUTSTANI	DING LIABILITIES (ALL)	0