

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

<p>1. (a) Name of Individual, Organization or Corporation CHRISTIAN CIVIC LEAGUE OF MAINE, INC.</p>	
<p>(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 70 SEWALT STREET</p>	
<p>(c) City, State and ZIP Code AUGUSTA, ME 04330</p>	<p>3. FEC Identification Number</p> <div style="border: 1px solid black; padding: 5px;"> <span style="font-size: 2em;">C</span> 9 0 0 1 4 9 1 1         </div>
<p>2. Occupation and Name of Employer (for Individual Filers Only)</p>	

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on M M M / D D / Y Y Y Y Y Y

5. COVERING PERIOD: FROM M M 1 0 / D D 0 1 / Y Y Y Y 2 0 2 3  
 THROUGH M M M 1 2 / D D 3 1 / Y Y Y Y 2 0 2 3

6. TOTAL CONTRIBUTIONS .....    
 7. TOTAL INDEPENDENT EXPENDITURES .....  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: CHRISTINE MISHOU                  SIGNATURE: *Christine Mishou*                  DATE: 2/13/24

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Date of Receipt

[ M ] [ M ] / [ D ] [ D ] / [ Y ] [ Y ] [ Y ] [ Y ]

Amount of Each Receipt this Period

[ ] [ ]

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Date of Receipt

[ M ] [ M ] / [ D ] [ D ] / [ Y ] [ Y ] [ Y ] [ Y ]

Amount of Each Receipt this Period

[ ] [ ]

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Date of Receipt

[ M ] [ M ] / [ D ] [ D ] / [ Y ] [ Y ] [ Y ] [ Y ]

Amount of Each Receipt this Period

[ ] [ ]

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Date of Receipt

[ M ] [ M ] / [ D ] [ D ] / [ Y ] [ Y ] [ Y ] [ Y ]

Amount of Each Receipt this Period

[ ] [ ]

SUBTOTAL of Receipts This Page (optional) .....

[ ] [ ]

TOTAL This Period (last page carry total to Line 6) .....

[ ] [ ]

ONLINE INFORMATION

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CHRISTIAN CIVIC LEAGUE OF MAINE, INC.**

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City State Zip Code		Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type <input type="text" value=""/>		
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City State Zip Code		Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type <input type="text" value=""/>		
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City State Zip Code		Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type <input type="text" value=""/>		
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text" value=""/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text" value=""/>
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	<input type="text" value=""/>


NON-FEDERAL CAMPAIGN FINANCING

NON-INDUCED BY THE INDUSTRY

# Via E-Mail

25

UNFINISHED INFORMATION

Federal Election Commission		
<b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>		
The FEC added this page to the end of this filing to indicate how it was received.		
<input type="checkbox"/> Hand Delivered		Date of Receipt
<input type="checkbox"/> USPS First Class Mail		Date of Receipt
<input type="checkbox"/> USPS Registered/Certified		Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail		Postmarked
<input type="checkbox"/> USPS Priority Mail Express		Postmarked
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input checked="" type="checkbox"/> Received via Email		Date of Receipt 02/16/2024
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
		02/16/2024
PREPARER		DATE PREPARED

(4/2023)