**FEC FORM 5** REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEI 2022 OCT 18 AM 10: 53 To Be Used by Persons (Other than Political Committees) 1. (a) Name of Individual, Organization or Corporation Christian Civic League of Maine, Inc. (b) Address (number and street) check if different than previously reported 70 Sewalt Street (c) City, State and ZIP Code 3. FEC Identification Number Augusta, Maine 04330 2. Occupation and Name of Employer (for Individual Filers Only) 9001491 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report ☐ July 15 Quarterly Report 24-Hour Report ☑ October 15 Quarterty Report 48-Hour Report ☐ January 31 Year-End Report **□**XNo Yes, it amends the report filed on b) Is this Report an amendment? 5. COVERING PERIOD: FROM 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

SIGNATURE

DATE

Judson H. Hill

10/10/2022

NOTE: Submission of false, erroneous or incomplete information may subject the person signing

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20483 Toli Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-A ITEMIZED RECEIPTS

ITEMIZED RECEIPTS	PAGE OF 2 of 3
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contributions	
NAME OF FILER (In Full)	
Christian Civic League of Maine, Inc.	
A. Full Name (Last, First, Middle Initial)	
Mailing Address	O / V • V • V
City State Zip Code Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.	, , , , , , ,
Name of Employer Occupation	
B. Full Name (Last, First, Middle Initial)  Date of Receipt	
Malling Address	<b>b</b> / <b>V · V · V</b>
City State Zip Code Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.	0
Name of Employer Occupation	
C. Full Name (Last, First, Middle Initial)  Date of Receipt	······································
Mailing Address	Б / үчүчү
City State Zip Code Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
D. Full Name (Last, First, Middle Initial)  Date of Receipt	
Mailing Address	ر محمد ا
City State Zip Code Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page carry total to Line 6)	

SCHEDULE 5-E FEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 3 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	FOR LINE / OF FORM 5
Christian Civic League of Maine, Inc	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Mam ( 040 ) ( AAAAA
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	b

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## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked 10/14/22 1918/22 **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked, **USPS Priority Mail** Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing, Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2015)

PREPARER