

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Maher for Congress

ADDRESS (number and street)

PO Box 490

Check if different  
than previously  
reported. (ACC)

Kingsburg

CA

93631

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00800144

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

CA

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2025

through

M M / D D / Y Y Y Y  
06 / 30 / 2025*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Lawler, Kelly, , ,

Signature of Treasurer

Lawler, Kelly, , ,

Date

M M / D D / Y Y Y Y  
07 / 07 / 2025

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Maher for Congress**

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 0.00                    | 7482.00                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 0.00                    | 7482.00                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 635.74                  | 7950.56                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 635.74                  | 7950.56                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 17675.96                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 43391.86                |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Maher for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

0.00

3550.00

(ii) Unitemized .....

0.00

1932.00

(iii) TOTAL of contributions  
from individuals ▶

0.00

5482.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

2000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

7482.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

2207.61

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

17957.14

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

0.00

27646.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

635.74

7950.56

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

14360.30

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

635.74

22310.86

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

18311.70

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

18311.70

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

635.74

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

17675.96

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 7

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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 COMMITTEE (In Full)

Maher for Congress

Full Name (Last, First, Middle Initial)

**A. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116Purpose of Disbursement  
Software

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

520.00

Transaction ID : B-124598

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SoCal Gas**Mailing Address 1801 South Atlantic Boulevard  
Remittance Processing, ML 711DCity  
Monterey ParkState  
CAZip Code  
91754Purpose of Disbursement  
Utilities

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.74

Transaction ID : B-124617

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                                  |
|--------------------------|-------------------|----------------------------------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

620.74

**TOTAL** This Period (last page this line number only).....▶

620.74

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 6 OF 7

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Maher for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ag Centered Marketing LLC**

Nature of Debt (Purpose):

Campaign Marketing- Disputed Invoice

Mailing Address 2941 State Highway 59

City  
MercedState  
CAZip Code  
95348

Outstanding Balance Beginning This Period

6909.00

Transaction ID : D-124259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6909.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gilliard Blanning & Associates. Inc.**

Nature of Debt (Purpose):

Television and Radio

Mailing Address 5701 Lonetree Boulevard  
Suite 301City  
RocklinState  
CAZip Code  
95765

Outstanding Balance Beginning This Period

20233.00

Transaction ID : D-124258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20233.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ag Centered Marketing LLC**

Nature of Debt (Purpose):

Campaign Marketing- Disputed Invoice

Mailing Address 2941 State Highway 59

City  
MercedState  
CAZip Code  
95348

Outstanding Balance Beginning This Period

9999.86

Transaction ID : D-124256

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9999.86

1) **SUBTOTALS** This Period This Page (optional) ▶

37141.86

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 OF 7

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Maher for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Johnson Strategies LLC**

Nature of Debt (Purpose):

Media Production

Mailing Address 4612 Dusik Lane

City  
AustinState  
TXZip Code  
78746

Outstanding Balance Beginning This Period

6250.00

Transaction ID : D-124257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

6250.00

2) **TOTALS** This Period (last page this line number only) .....

43391.86

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

43391.86