

**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  
01 / 01 / 2023

through

M M / D D / Y Y Y Y  
03 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lawler, Kelly, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Lawler, Kelly, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 11 / 2023

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 05/2016)

PAGE 2 / 19

Write or Type Committee Name  
**Maier for Congress**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
 01 / 01 / 2023

To:

M M / D D / Y Y Y Y  
 03 / 31 / 2023

|                                                                                                                  | 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))....                                              | 7885.00                 | 7935.00                            |
| (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)) .....                            | 7885.00                 | 7935.00                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 8517.61                 | 10054.18                           |
| (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)) .....                                      | 8517.61                 | 10054.18                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 6483.74                 |                                    |
| 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) ..... | 28741.33                |                                    |

## For further information contact:

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

PAGE 3 / 19

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Maher for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
03 / 31 / 2023**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).....

6079.00

6129.00

(ii) Unitemized .....

306.00

306.00

(iii) TOTAL of contributions  
from individuals ▶

6385.00

6435.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate .....

1500.00

1500.00

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

7885.00

7935.00

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

0.00

0.00

## 13. LOANS:

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

5000.00

5000.00

(b) All Other Loans.....

0.00

0.00

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

5000.00

5000.00

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

0.00

0.00

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

0.00

0.00

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

12885.00

12935.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 8517.61                       | 10054.18                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 8517.61                       | 10054.18                           |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 2116.35  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 12885.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 15001.35 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 8517.61  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 6483.74  |

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

PAGE 5 OF 19

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**Maier for Congress**

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Cameron, Ronald, , ,</b>                                                                       |                                    |
| Mailing Address 1831 20th Avenue                                                                                                                |                                    |
| City<br>Kingsburg                                                                                                                               | State<br>CA                        |
| Zip Code<br>93632                                                                                                                               |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>Retired                                                                                                                     | Occupation<br>Retired              |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 23  |   | 2023        |

Transaction ID : A-80962

Amount of Each Receipt this Period

250.00

☐ Memo Item

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Maier, John, , ,</b>                                                                           |                                    |
| Mailing Address 1872 Riesling Street                                                                                                            |                                    |
| City<br>Tulare                                                                                                                                  | State<br>CA                        |
| Zip Code<br>93274                                                                                                                               |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>Calvary Chapel                                                                                                              | Occupation<br>Pastor               |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 23  |   | 2023        |

Transaction ID : A-80961

Amount of Each Receipt this Period

500.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Rose, Judith Ann, , ,</b>                                                                      |                                     |
| Mailing Address 927 Lindsay Ln                                                                                                                  |                                     |
| City<br>Clovis                                                                                                                                  | State<br>CA                         |
| Zip Code<br>93619                                                                                                                               |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer<br>Retired                                                                                                                     | Occupation<br>Retired               |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 24  |   | 2023        |

Transaction ID : A-80965

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

|         |
|---------|
| 1750.00 |
|---------|

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

PAGE 6 OF 19

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**Maier for Congress**

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

Mailing Address 1872 Riesling Street

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tulare | State<br>CA | Zip Code<br>93274 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                    |                      |
|------------------------------------|----------------------|
| Name of Employer<br>Calvary Chapel | Occupation<br>Pastor |
|------------------------------------|----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
510.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 11 / 2023          |

Transaction ID : A-80984

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

Mailing Address 1614 Alluvial Avenue  
Apt 105

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Clovis | State<br>CA | Zip Code<br>93611 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 14 / 2023          |

Transaction ID : A-80988

Amount of Each Receipt this Period

3300.00

☐ Memo Item

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

Mailing Address 1872 Riesling Street

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tulare | State<br>CA | Zip Code<br>93274 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                    |                      |
|------------------------------------|----------------------|
| Name of Employer<br>Calvary Chapel | Occupation<br>Pastor |
|------------------------------------|----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
520.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 19 / 2023          |

Transaction ID : A-80997

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|         |
|---------|
| 3320.00 |
|---------|

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

PAGE 7 OF 19

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**Maier for Congress****A.** Full Name (Last, First, Middle Initial)  
**Terry Slatic for FUSD Trustee Area 7**Mailing Address 5200 North Palm Avenue  
Suite 306

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Fresno | State<br>CA | Zip Code<br>93704 |
|----------------|-------------|-------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

999.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 21 / 2023          |

Transaction ID : A-81004

Amount of Each Receipt this Period

999.00

☐ Memo Item  
Permissible Funds under 11 CFR 102.5(b)**B.** Full Name (Last, First, Middle Initial)  
**Maier, John, , ,**

Mailing Address 1872 Riesling Street

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tulare | State<br>CA | Zip Code<br>93274 |
|----------------|-------------|-------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Calvary Chapel

Pastor

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

530.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 26 / 2023          |

Transaction ID : A-81013

Amount of Each Receipt this Period

10.00

☐ Memo Item**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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

1009.00

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

6079.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Maier for Congress**

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

Mailing Address PO Box 490

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Kingsburg | State<br>CA | Zip Code<br>93631 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H2CA22215

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Name of Employer<br>Self Employed | Occupation<br>Aviation Technology |
|-----------------------------------|-----------------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2023

Transaction ID : A-81046

Amount of Each Receipt this Period

1500.00

☐ Memo Item

IN KIND: Office Rent for Quarter

**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 |
|------------------|------------|

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**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 |
|------------------|------------|

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1500.00

1500.00

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

PAGE 9 OF 19

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Maher for Congress

Full Name (Last, First, Middle Initial)

Maher, Michael, A, ,

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing  
federal political committee.

C H2CA22215

Name of Employer

Self Employed

Occupation

Aviation Technology

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 18 2023

Transaction ID : A-80952

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

5000.00

5000.00

**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 10 OF 19

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

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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 checked="" 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 |
| 0 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : B-80941

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gateway Media**Mailing Address 1005 12th Street  
Lower Suite 2City  
SacramentoState  
CAZip Code  
95814Purpose of Disbursement  
Email Subscription and Delivery

004

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2022

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <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 | 1 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

173.48

Transaction ID : B-80945

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 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 checked="" 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 |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : B-80954

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

1073.48

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

**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 11 OF 19

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

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NAME OF COMMITTEE (In Full)  
**Maher for Congress**

Full Name (Last, First, Middle Initial)

**A. SoCal Gas**Mailing Address 1801 South Atlantic Boulevard  
Remittance Processing, ML 711D

City Monterey Park State CA Zip Code 91754

Purpose of Disbursement  
Utilities

001

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

170.78

Transaction ID : B-80955

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The KAL Group, Inc.**

Mailing Address PO Box 730

City Hillmar State CA Zip Code 95324

Purpose of Disbursement  
Bookkeeping

001

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2811.27

Transaction ID : B-80959

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. The Rosales Agency**

Mailing Address PO Box 89

City Rescue State CA Zip Code 95672

Purpose of Disbursement  
Email Services

001

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : B-80957

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

3207.05

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

**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 12 OF 19

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

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NAME OF COMMITTEE (In Full)

Maher for Congress

Full Name (Last, First, Middle Initial)

**A. The Rosales Agency**

Mailing Address PO Box 89

City

Rescue

State

CA

Zip Code

95672

Purpose of Disbursement  
Strategic Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : B-80958

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SoCal Gas**Mailing Address 1801 South Atlantic Boulevard  
Remittance Processing, ML 711D

City

Monterey Park

State

CA

Zip Code

91754

Purpose of Disbursement  
Utilities

001

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

96.91

Transaction ID : B-81007

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550

City

San Diego

State

CA

Zip Code

92116

Purpose of Disbursement  
Software

001

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : B-80972

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

1746.91

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

**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 13 OF 19

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

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NAME OF COMMITTEE (In Full)  
Maher for Congress

Full Name (Last, First, Middle Initial)

**A. The Rosales Agency**

Mailing Address PO Box 89

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Rescue | State<br>CA | Zip Code<br>95672 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Email Services

001

Candidate Name

Category/  
Type

|                |                                                                                                         |                                                                                                                                                      |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 03 / 03 / 2023      |

FEC Identification Number

C

Amount of Each Disbursement this Period

260.00

Transaction ID : B-80973

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The KAL Group, Inc.**

Mailing Address PO Box 730

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Hilmar | State<br>CA | Zip Code<br>95324 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Bookkeeping

001

Candidate Name

Category/  
Type

|                |                                                                                                         |                                                                                                                                                      |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 03 / 06 / 2023      |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.60

Transaction ID : B-80975

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. The Rosales Agency**

Mailing Address PO Box 89

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Rescue | State<br>CA | Zip Code<br>95672 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Fundraising Commission

003

Candidate Name

Category/  
Type

|                |                                                                                                         |                                                                                                                                                      |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 03 / 07 / 2023      |

FEC Identification Number

C

Amount of Each Disbursement this Period

32.00

Transaction ID : B-80981

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

742.60

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

**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 14 OF 19

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

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NAME OF COMMITTEE (In Full)

Maher for Congress

Full Name (Last, First, Middle Initial)

**A. 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 checked="" 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 |
| 0 | 3 |   | 2 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

45.43

Transaction ID : B-81043

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Maher, Michael, A, ,**

Mailing Address PO Box 490

City  
KingsburgState  
CAZip Code  
93631Purpose of Disbursement  
IN KIND: Office Rent for Quarter

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" 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 |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

C00800144

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-81046

☐ 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).....▶

1545.43

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

8315.47

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 19

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Maher for Congress

Transaction ID : C-80952

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

Maher, Michael, A, ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 490

City

Kingsburg

State

CA

ZIP Code

93631

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 01 M

D 18 D

Y 2023 Y

M M

D D

Y 12/31/2028 Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

**TOTALS** This Period (last page in this line only).....▶

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 16 OF 19

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Filing Fees

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

540.00

Transaction ID : D-94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.00

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Rent, Utilities, Email Services and Fundraising

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

603.36

Transaction ID : D-238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

603.36

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Rent, Utilities, Email Services and Fundraising

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

13874.12

Transaction ID : D-282

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13874.12

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

15017.48

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 17 OF 19

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Rentals for Fundraiser

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

1088.63

Transaction ID : D-381

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1088.63

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Reimbursement: Utilities

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

385.94

Transaction ID : D-65766

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

385.94

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

Maher, Michael, A, ,

Nature of Debt (Purpose):

Reimbursement: Parade Entry

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

150.00

Transaction ID : D-65791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

1624.57

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 18 OF 19

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

**Alliance Forge**

Nature of Debt (Purpose):

Text Messages

Mailing Address 5648 Spandrell Circle

City

Sparks

State

NV

Zip Code

89436

Outstanding Balance Beginning This Period

2056.72

Transaction ID : D-80918

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2056.72

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

**Alliance Forge**

Nature of Debt (Purpose):

Text Messages

Mailing Address 5648 Spandrell Circle

City

Sparks

State

NV

Zip Code

89436

Outstanding Balance Beginning This Period

1172.25

Transaction ID : D-80919

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1172.25

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

**Maher, Michael, A, ,**

Nature of Debt (Purpose):

Reimbursement: Printing and Stamps

Mailing Address PO Box 490

City

Kingsburg

State

CA

Zip Code

93631

Outstanding Balance Beginning This Period

670.31

Transaction ID : D-80942

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

670.31

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

3899.28

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 19 OF 19

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

**The Rosales Agency**

Nature of Debt (Purpose):

Strategic Consulting

Mailing Address PO Box 89

City

Rescue

State

CA

Zip Code

95672

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-80949

Amount Incurred This Period

1200.00

Payment This Period

1200.00

Outstanding Balance at Close of This Period

0.00

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

**The Rosales Agency**

Nature of Debt (Purpose):

Strategic Consulting

Mailing Address PO Box 89

City

Rescue

State

CA

Zip Code

95672

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-80950

Amount Incurred This Period

1200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

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

**Kramer & Associates LLC**

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 2201 Francisco Drive  
Suite 140-183

City

El Dorado Hills

State

CA

Zip Code

95762

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-80979

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

3200.00

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

23741.33

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

5000.00

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

28741.33