

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Shirley	MI J	OFFICE USE ONLY		
	NICKNAME	LAST McKellar	SUFFIX	Date Received <b>RECEIVED</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE Post Office Box 4094 Texas 75712			Tyler		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214 )	PHONE NUMBER 679-1662	EXTENSION	CITY CLERK'S OFFICE Date Hand-delivered or Date Postmarked CITY OF Tyler		
6 CAMPAIN TREASURER NAME	MS / MRS / MR Mr.	FIRST Danny	MI C	Receipt #   Amount \$		
	NICKNAME	LAST McKellar	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 2711 Staley Drive Texas 75702			STATE; ZIP CODE Tyler		
8 CAMPAIN TREASURER PHONE	AREA CODE (214 )	PHONE NUMBER 695-2338	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 5 / Day 2 / Year 26	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE <input type="checkbox"/> Other Description _____		
12 OFFICE	OFFICE HELD (if any) NA			13 OFFICE SOUGHT (if known) Mayor of Tyler		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL	COMMITTEE NAME McKellar For Mayor				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS 1717 West Gentry Parkway-Suite 400- Tyler, Texas 75702 (New Office)				
		COMMITTEE CAMPAIGN TREASURER NAME Danny C. McKellar				
		COMMITTEE CAMPAIGN TREASURER ADDRESS 2711 Staley Drive-Tyler, Texas 75702				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Dr. Shirley J. McKellar	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 11,922.71
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11,922.71
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 6,755.51
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 6,755.51
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5,167.20
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,790.00

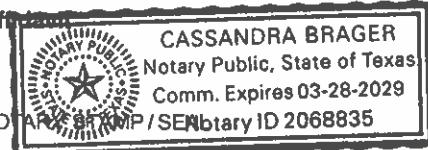
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) After



Sworn to and subscribed before me by Shirley McKellar this the 15 day of January, 2026, to certify which, witness my hand and seal of office.

Cassandra Brager

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME Dr. Shirley J. McKellar	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,132.71
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 28,800.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 1,821.15
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,018.79
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,821.15
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
<b>2 FILER NAME</b> Dr. Shirley J. McKellar			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/24/2025	<b>5 Full name of contributor</b> Elizabeth Mary Wilson	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>5,000.00</b>
	<b>6 Contributor address;</b> 8588 Pleasant Hill Circle	City: Tyler State: Texas Zip Code 75707	
<b>8 Principal occupation / Job title (See Instructions)</b> Retired Military		<b>9 Employer (See Instructions)</b> NA	
<b>Date</b> 09/06/2025	<b>Full name of contributor</b> Kirk A. Calhoun	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>200.00</b>
	<b>Contributor address;</b> 3872 Brighton Creek Circle	City: Tyler State: Texas Zip Code 75707	
<b>Principal occupation / Job title (See Instructions)</b> Director of Nonprofit Organization		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/01/2025	<b>Full name of contributor</b> Michael J. Fladmark	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> 600 Winding Shore Drive	City: Tool State: Texas Zip Code 75143	
<b>Principal occupation / Job title (See Instructions)</b> City Council Member		<b>Employer (See Instructions)</b> City of Tool, Texas	
<b>Date</b> 09/02/2025	<b>Full name of contributor</b> Lena Mae Runnels	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>20.00</b>
	<b>Contributor address;</b> 2510 Habitat Circle	City: Tyler State: Texas Zip Code 75702	
<b>Principal occupation / Job title (See Instructions)</b> Private Caregiver		<b>Employer (See Instructions)</b> NA	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>2</b>
<b>2 FILER NAME</b> Dr. Shirley J. McKellar			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 09/01/2025	<b>5 Full name of contributor</b> Lena Mae Runnels	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>20.00</b>
<b>6 Contributor address;</b> 2510 Habitat Circle		City: Tyler State: Texas Zip Code 75702	
<b>8 Principal occupation / Job title (See Instructions)</b> Caregiver		<b>9 Employer (See Instructions)</b> NA	
<b>Date</b> 10/12/2025	<b>Full name of contributor</b> Stephanie A. Murphy	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>125.00</b>
<b>Contributor address;</b> 111-113 Montague Street Apt 4D		City: Brooklyn State: Zip Code New Year 11201	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> NA	
<b>Date</b> 10/12/2025	<b>Full name of contributor</b> Lea J. Thomas	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Contributor address;</b> 507 West 31St. Street		City: Tyler State: Texas Zip Code 75702	
<b>Principal occupation / Job title (See Instructions)</b> Retired Educator		<b>Employer (See Instructions)</b> NA	
<b>Date</b> 10/12/2025	<b>Full name of contributor</b> Gayle Everhart	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Contributor address;</b> Glenwood Ave		City: Tyler State: Texas Zip Code 75702	
<b>Principal occupation / Job title (See Instructions)</b> Not Noted		<b>Employer (See Instructions)</b> NA	

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
<b>2 FILER NAME</b> <b>Dr. Shirley J. McKellar</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  11/29/2025	<b>5 Full name of contributor</b>  Josef Sorrells	<input type="checkbox"/> out-of-state PAC (ID#:  6 Contributor address; City; State; Zip Code  2617 Wild Grove Lane Lancaster TX 75146	<b>7 Amount of contribution (\$)</b>  <b>50.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>  Professor		<b>9 Employer (See Instructions)</b>  College	
Date  11/29/2025	Full name of contributor  Cierra Evans	<input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  22111 Legengdre Rd. Richmond TX 77407	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)  Educator		Employer (See Instructions)  Lamar	
Date  11/29/2025	Full name of contributor  Rosia Johnson Harmon	<input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  5309 Wayne Street Tyler TX 75708	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)  Retired		Employer (See Instructions)  Retired	
Date  12/06/2025	Full name of contributor  Macalulay Onuigbo	<input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  236 Bayberry Circle Unit 102 Burlington VT 05401	Amount of contribution (\$)  200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Dr. Shirley J. McKellar			3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Full name of contributor Donald Lyles	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	7 Amount of contribution (\$) 50.00
6 Contributor address; Post Office Box 2864 Inglewood CA 90305		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
Date 10/25/25	Full name of contributor Willie Johnson	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) 100.00
Contributor address; 2715 Cecil Avenue		City; State; Zip Code Tyler, TX 75702	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/26/2025	Full name of contributor Angela McDow	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) 50.00
Contributor address; 3852 Kiestmeadow Dr		City; State; Zip Code Dallas TX 75233	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/27/2025	Full name of contributor Shannah Cole-Brooks	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) 150.00
Contributor address; 2800 Sunnybrook Dr		City; State; Zip Code Tyler TX 75701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
<b>2 FILER NAME</b> Dr. Shirley J. McKellar			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 11/28/2025	<b>5 Full name of contributor</b> Mary Carr	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>7 Amount of contribution (\$)</b> 100.00
<b>6 Contributor address:</b> 3806 Brazos Blvd		City:      State:      Zip Code Tyler TX 75702	
<b>8 Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b> Retired	
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> Maxine Marshall	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>Amount of contribution (\$)</b> 50.00
<b>Contributor address:</b> 2713 N. Confederate Avenue		City:      State:      Zip Code Tyler TX 75702	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> Shirley Walston	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address:</b> 19627 County Road 2171		City:      State:      Zip Code Whitehouse TX 75791	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> LaRhonda Hamilton	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>Amount of contribution (\$)</b>
<b>Contributor address:</b> 224 Patricia Court		City:      State:      Zip Code Tyler TX 75702	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> TJC	

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## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
<b>2 FILER NAME</b> Dr. Shirley J. McKellar				<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  12/15/2025	<b>5 Full name of contributor</b> Troy Stock			<b>6 Contributor address;</b> <b>7 Amount of contribution (\$)</b>  <b>12/15/2025 312 South College Avenue Tyler TX 75702 50.00</b>
	<input type="checkbox"/> out-of-state PAC (ID#:  <b>12/15/2025 312 South College Avenue Tyler TX 75702 50.00</b>			
<b>8 Principal occupation / Job title (See Instructions)</b> I. T Consultant		<b>9 Employer (See Instructions)</b> Self Employed		
<b>Date</b>  12/15/2025	<b>Full name of contributor</b> Mary Humber Franklin			<b>Amount of contribution (\$)</b>  <b>12/15/2025 7523 Gayglen Drive Dallas TX 75217 100.00</b>
	<input type="checkbox"/> out-of-state PAC (ID#:  <b>12/15/2025 7523 Gayglen Drive Dallas TX 75217 100.00</b>			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b>  10/12/2025	<b>Full name of contributor</b> Lois Bowie			<b>Amount of contribution (\$)</b>  <b>10/12/2025 925 Neches Dr Tyler TX 75702 100.00</b>
	<input type="checkbox"/> out-of-state PAC (ID#:  <b>10/12/2025 925 Neches Dr Tyler TX 75702 100.00</b>			
<b>Principal occupation / Job title (See Instructions)</b> Director of Finance		<b>Employer (See Instructions)</b> Texas College		
<b>Date</b>  12/6/2025	<b>Full name of contributor</b> Edna Houston			<b>Amount of contribution (\$)</b>  <b>12/6/2025 250.00</b>
	<input type="checkbox"/> out-of-state PAC (ID#:  <b>12/6/2025 250.00</b>			
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

## **NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

If the requested information is not applicable, DO NOT include this page in the report.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE F AS NEEDED.

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

## LOANS

## SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME Dr. Shirley J. McKellar			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 1821.15
5 Date of loan 12/01/2025	7 Name of lender Dr. Shirley J. <cKellar	<input type="checkbox"/> out-of-state PAC (ID#: .....)	9 Loan Amount (\$) 1821.15
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; 2711 Staley Dr	City; Tyler	State; Zip Code Texas 75702
			10 Interest rate 0
			11 Maturity date 2027-12-01
12 Principal occupation / Job title (See Instructions) U.S. Army Officer		13 Employer (See Instructions) Retired	
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor .....	18 Guarantor address; .....	19 Amount Guaranteed (\$) .....
			City; State; Zip Code
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender .....	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; .....	City; .....	State; Zip Code
			Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  not applicable	Name of guarantor .....	Guarantor address; .....	Amount Guaranteed (\$) .....
		City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.