

# 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 FIRST MI Dr. Shirley J <hr/> NICKNAME LAST SUFFIX McKellar	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; color: red; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; color: red; margin: 10px 0;">JAN 15 2026</div> <div style="font-size: 0.8em; color: red; margin: 10px 0;">CITY CLERK'S OFFICE City of Tyler</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 4094 Tyler Texas 75712  Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 679-1662		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Danny C <hr/> NICKNAME LAST SUFFIX McKellar		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2711 Staley Drive Tyler Texas 75702		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 695-2338		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 25 THROUGH 12 / 31 / 25		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year            5 / 2 / 26         </div> <div style="flex: 1;">           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>		
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.		
COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME McKellar For Mayor  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

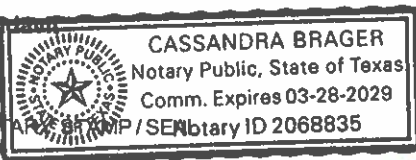
15 C/OH NAME Dr. Shirley J. McKellar		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 11,922.71
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

*Shirley J. McKellar*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affirmation



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* Notary

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:**2** FILER NAME

Dr. Shirley J. McKellar

**3** Filer ID (Ethics Commission Filers)**4** Date

07/24/2025

**5** Full name of contributor

Elizabeth Mary Wilson

out-of-state PAC (ID#:

**6** Contributor address;

8588 Pleasant Hill Circle

City;

Tyler

State;

Texas

Zip Code

75707

**7** Amount of contribution (\$)

5,000.00

**8** Principal occupation / Job title (See Instructions)

Retired Military

**9** Employer (See Instructions)

NA

## Date

09/06/2025

## Full name of contributor

Kirk A. Calhoun

out-of-state PAC (ID#:

## Contributor address;

3872 Brighton Creek Circle

City;

Tyler

State;

Texas

Zip Code

75707

## Amount of contribution (\$)

200.00

## Principal occupation / Job title (See Instructions)

Director of Nonprofit Organization

## Employer (See Instructions)

## Date

09/01/2025

## Full name of contributor

Michael J. Fladmark

out-of-state PAC (ID#:

## Contributor address;

600 Winding Shore Drive

City;

Tool

State;

Texas

Zip Code

75143

## Amount of contribution (\$)

100.00

## Principal occupation / Job title (See Instructions)

City Council Member

## Employer (See Instructions)

City of Tool, Texas

## Date

09/02/2025

## Full name of contributor

Lena Mae Runnels

out-of-state PAC (ID#:

## Contributor address;

2510 Habitat Circle

City;

Tyler

State;

Texas

Zip Code

75702

## Amount of contribution (\$)

20.00

## Principal occupation / Job title (See Instructions)

Private Caregiver

## Employer (See Instructions)

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>
2 FILER NAME <b>Dr. Shirley J. McKellar</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/01/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lena Mae Runnels</b> 6 Contributor address; City; State; Zip Code <b>2510 Habitat Circle Tyler Texas 75702</b>	7 Amount of contribution (\$) <b>20.00</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 out-of-state PAC (ID#: _____) <b>Stephanie A. Murphy</b> Contributor address; City; State; Zip Code <b>111-113 Montague Street Apt 4D Brooklyn New Year 11201</b>	Amount of contribution (\$) <b>125.00</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 out-of-state PAC (ID#: _____) <b>Lea J. Thomas</b> Contributor address; City; State; Zip Code <b>507 West 31St. Street Tyler Texas 75702</b>	Amount of contribution (\$) <b>50.00</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 out-of-state PAC (ID#: _____) <b>Gayle Everhart</b> Contributor address; City; State; Zip Code <b>Glenwood Ave Tyler Texas 75702</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Not Noted</b>		Employer (See Instructions) <b>NA</b>
<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**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:
2 FILER NAME <b>Dr. Shirley J. McKellar</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/29/2025</b>	<div style="text-align: center;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Josef Sorrells</b></div> <div style="text-align: center;">6 Contributor address; City; State; Zip Code <b>2617 Wild Grove Lane Lancaster TX 75146</b></div>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Professor</b>		9 Employer (See Instructions) <b>College</b>
Date <b>11/29/2025</b>	<div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cierra Evans</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>22111 Legendre Rd. Richmond TX 77407</b></div>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>Lamar</b>
Date <b>11/29/2025</b>	<div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosia Johnson Harmon</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>5309 Wayne Street Tyler TX 75708</b></div>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>12/06/2025</b>	<div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Macalulay Onuigbo</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>236 Bayberry Circle Unit 102 Burlington VT 05401</b></div>	Amount of contribution (\$)  <b>200.00</b>
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

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:
2 FILER NAME Dr. Shirley J. McKellar		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Lyles 6 Contributor address; City; State; Zip Code Post Office Box 2864 Inglewood CA 90305	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie Johnson Contributor address; City; State; Zip Code 2715 Cecil Avenue Tyler, TX 75702	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela McDow Contributor address; City; State; Zip Code 3852 Kiestmeadow Dr Dallas TX 75233	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannah Cole-Brooks Contributor address; City; State; Zip Code 2800 Sunnybrook Dr Tyler TX 75701	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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:
2 FILER NAME Dr. Shirley J. McKellar		3 Filer ID (Ethics Commission Filers)
4 Date  11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Carr</b> 6 Contributor address; City; State; Zip Code <b>3806 Brazos Blvd Tyler TX 75702</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date  11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maxine Marshall</b> Contributor address; City; State; Zip Code <b>2713 N. Confederate Avenue Tyler TX 75702</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date  11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shirley Walston</b> Contributor address; City; State; Zip Code <b>19627 County Road 2171 Whitehouse TX 75791</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date  11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LaRhonda Hamilton</b> Contributor address; City; State; Zip Code <b>224 Patricia Court Tyler TX 75702</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TJC</b>
<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

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:
2 FILER NAME Dr. Shirley J. McKellar		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Stock 6 Contributor address; City; State; Zip Code 312 South College Avenue Tyler TX 75702	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions) I. T Consultant		9 Employer (See Instructions) Self Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Humber Franklin Contributor address; City; State; Zip Code 7523 Gayglen Drive Dallas TX 75217	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lois Bowie Contributor address; City; State; Zip Code 925 Neches Dr Tyler TX 75702	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) Texas College
Date 12/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edna Houston Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

**\$ 52,382.00**

**9 In-kind contribution description**

Check if travel outside of Texas. Complete Schedule T.

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  
NA

Check if travel outside of Texas. Complete Schedule T.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 1/1/2026

**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 <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dr. Shirley J. <cKellar		9 Loan Amount (\$) 1821.15	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 2711 Staley Dr Tyler 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 Food: Weekly Meetings; Cook; Rent			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		19 Amount Guaranteed (\$)	
		18 Guarantor address; 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		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					