

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

ELECT DR. MCKELLAR U.S. CONGRESS

ADDRESS (number and street) ▼

2711 STALEY

Check if different than previously reported. (ACC)

TYLER

TX

75702

2. FEC IDENTIFICATION NUMBER ▼

C C00506287

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

TX

01

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 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

2014

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

Type or Print Name of Treasurer Soeuth Sok

Signature of Treasurer Soeuth Sok

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 19 / 2014

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ELECT DR. MCKELLAR U.S. CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2960.00	49736.98
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2960.00	49736.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2847.58	51600.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2847.58	51600.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	112.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3200.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ELECT DR. MCKELLAR U.S. CONGRESS

Report Covering the Period: From: / / To: / /

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).....	1550.00	45416.59
(ii) Unitemized.....	1410.00	3770.39
(iii) TOTAL of contributions from individuals ▶	2960.00	49186.98
(b) Political Party Committees.....	0.00	550.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2960.00	49736.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	3200.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	3200.00
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)..... ▶	2960.00	52936.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2847.58	51600.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2847.58	51600.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2960.00
25. SUBTOTAL (add Line 23 and Line 24).....	2960.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2847.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112.63

**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 5 OF 9
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ELECT DR. MCKELLAR U.S. CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Dian Anderson

Mailing Address 4510 Shanna Ct

City State Zip Code
Dallas TX 75227

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

Name of Employer Occupation
Dallas ISD Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period
500.00
Dallas Fundraiser

B. Full Name (Last, First, Middle Initial)
Hon. Thomas Burrell Sr.

Mailing Address PO Box

City State Zip Code
Memphis TN 38101

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

Name of Employer Occupation
Black Farmers Association Director/ President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period
500.00
Black Farmers

C. Full Name (Last, First, Middle Initial)
Ms Melody Elliott

Mailing Address 90 Codman Rd

City State Zip Code
Lincoln MD 17773

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

Name of Employer Occupation
Retired Occupational Therapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2014

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 6 OF 9
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT DR. MCKELLAR U.S. CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Jon Gatlin

Mailing Address 200 Gatlin Rd

City State Zip Code
Mount Enterprise TX 75881

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

Name of Employer Occupation
Mt Enterprise ISD Retired Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period
50.00

Mailed

B. Full Name (Last, First, Middle Initial)
Mrs. Reginala Kemp

Mailing Address 601 Samual Avenue

City State Zip Code
Ft Worth TX 76147

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

Name of Employer Occupation
Kemp & Sons Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period
250.00

Dallas Fundraiser

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

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

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

300.00

1550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT DR. MCKELLAR U.S. CONGRESS

Full Name (Last, First, Middle Initial) A. ELECT DR. MCKELLAR U.S. CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 2711 STALEY		Amount of Each Disbursement this Period 33.85 Transaction ID : SB17.5322
City TYLER State TX Zip Code 75702	Purpose of Disbursement Gas Category/Type 002	
Candidate Name ELECT DR. MCKELLAR U.S. CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 01		

Full Name (Last, First, Middle Initial) B. ELECT DR. MCKELLAR U.S. CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 2711 STALEY		Amount of Each Disbursement this Period 12.99 Transaction ID : SB17.5321
City TYLER State TX Zip Code 75702	Purpose of Disbursement Keys Office Category/Type 001	
Candidate Name ELECT DR. MCKELLAR U.S. CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 01		

Full Name (Last, First, Middle Initial) c. Smith & Warfield, LLC		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 2701 Park Center Dr. B1508		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5346
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Consultant Fees Category/Type 001	
Candidate Name ELECT DR. MCKELLAR U.S. CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2046.84
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 Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT DR. MCKELLAR U.S. CONGRESS

Full Name (Last, First, Middle Initial) A. Super1Food		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 1105 E. Gentry		Amount of Each Disbursement this Period 85.66
City Tyler State TX Zip Code 75702	Purpose of Disbursement FOOD-EVENT	
Candidate Name ELECT DR. MCKELLAR U.S. CONGRESS		Transaction ID : SB17.5320
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 01	Category/Type 007	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

SUBTOTAL of Disbursements This Page (optional).....	85.66
TOTAL This Period (last page this line number only).....	2132.50

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ELECT DR. MCKELLAR U.S. CONGRESS** Transaction ID : **SC/10.4192**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Danny . McKellar Sr.

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2711 Staley Dr

City State ZIP Code
 Tyler TX 75702

Original Amount of Loan 3200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3200.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 01 / Y 2011
 Date Due: M / D / Y 5/30/12
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	▶	[] 3200.00
TOTALS This Period (last page in this line only).....	▶	[] 3200.00

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