

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 through M M / D D / Y Y Y Y  
07 / 01 / 2014 through 09 / 30 / 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  
10 / 17 / 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.

**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))....	4917.98	28840.06
(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)).....	4917.98	28840.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2344.61	27470.39
(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)).....	2344.61	27470.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2706.15	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	2664.07	21632.08
(ii) Unitemized.....	2253.91	7207.98
(iii) TOTAL of contributions from individuals ▶	4917.98	28840.06
(b) Political Party Committees.....	0.00	0.00
(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))..	4917.98	28840.06
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	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4917.98	28840.06

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2344.61	27470.39
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2344.61	27470.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	132.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4917.98
25. SUBTOTAL (add Line 23 and Line 24).....	5050.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2344.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2706.15

**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 13
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gloria Adams**

Mailing Address 129 Boatman Street

City State Zip Code  
Beckville TX 75631

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

Name of Employer Occupation  
BISD Retired Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**299.50**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
**200.00**

Meet N Greet

**B.** Full Name (Last, First, Middle Initial)  
**Crystal Beam**

Mailing Address 3033 West Bardin Rd  
Apt 423

City State Zip Code  
Grand Prairie TX 75052

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

Name of Employer Occupation  
GPISD Substitute Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1700.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : SA11AI.5574**

Amount of Each Receipt this Period  
**200.00**

Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
**Debra Carroll**

Mailing Address 1112 Hidden Ridge Dr

City State Zip Code  
Mesquite TX 75181

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

Name of Employer Occupation  
Retired Air Force & Post Offic Supervisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1628.81**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.5581**

Amount of Each Receipt this Period  
**128.81**

Donation and Pin

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>528.81</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13  
(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)  
**Eva Johns Chadwick**

Mailing Address **POB 12307**

City **Carthage** State **TX** Zip Code **75633**

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

Name of Employer **Panola College** Occupation **Administration**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**255.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period  
**200.00**  
 Carthage Meet N Greet

**B.** Full Name (Last, First, Middle Initial)  
**John D Foster**

Mailing Address **548 Covington Circle**

City **Carthage** State **TX** Zip Code **75633**

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

Name of Employer **Carthage IDS** Occupation **educator**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**276.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5586**

Amount of Each Receipt this Period  
**200.00**  
 Meet N Greet

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

Mailing Address **200 Gatlin Rd**

City **Mount Enterprise** State **TX** Zip Code **75881**

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

Name of Employer **Mt Enterprise ISD** Occupation **Retired Educator**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**584.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 25 / 2014**

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period  
**250.00**  
 Campaign Material

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

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

**650.00**

**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 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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

City State Zip Code  
Mount Enterprise TX 75681

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

Name of Employer Occupation  
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  
07 / 25 / 2014

**Transaction ID : SA11AI.5559**

Amount of Each Receipt this Period  
250.00

Campaign Material

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Jackson**

Mailing Address 18095 Briarcrest

City State Zip Code  
Flint TX 75762

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

Name of Employer Occupation  
Retired Military

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2014

**Transaction ID : SA11AI.5582**

Amount of Each Receipt this Period  
250.00

Overton Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
**Judith A Johnson**

Mailing Address 121 S. Broadway  
621

City State Zip Code  
Tyler TX 75702

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

Name of Employer Occupation  
Retired Army

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
376.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2014

**Transaction ID : SA11AI.5572**

Amount of Each Receipt this Period  
187.00

Meet n Greet

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

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

687.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Reggi Kemp**

Mailing Address P.O. Box 24731

City Ft Worth	State TX	Zip Code 76124
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kemp & Sons Environmental Cont	Occupation Business Owner
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1076.83**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
**76.83**

Online

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

Mailing Address P.O. Box 24731

City Ft Worth	State TX	Zip Code 76124
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kemp & Sons Environmental Cont	Occupation Business Owner
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1576.83**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : SA11AI.5573**

Amount of Each Receipt this Period  
**500.00**

Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Rubye Kendrick**

Mailing Address 2875 Latosha Ln

City Tyler	State TX	Zip Code 75706
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FEC ID number of contributing federal political committee. **C**

Name of Employer ACP Inc	Occupation Physical Therapy Director
-----------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**236.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 03 / 2014**

**Transaction ID : SA11AI.5549**

Amount of Each Receipt this Period  
**136.43**

Fundraiser

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

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

**713.26**

**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 9 OF 13
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Doris Robinson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 1336 Misty Glen Lane		<b>Transaction ID : SA11AI.5566</b>	
City Dallas	State TX	Zip Code 75232	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 85.00	
Name of Employer U.S. Army		Occupation Retired Clerk	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1585.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	2664.07

**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 10 OF 13		
	<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) <b>A. Brookshire's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 2020 Roseland Blvd		Amount of Each Disbursement this Period 958.69 <b>Transaction ID : SB17.5618</b>
City Tyler	State TX	
Zip Code 76701	Purpose of Disbursement Money Order-Radio	Category/ Type 004
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 01	

Full Name (Last, First, Middle Initial) <b>B. City of Tyler</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 621 N. Broadway Ave		Amount of Each Disbursement this Period 399.00 <b>Transaction ID : SB17.5592</b>
City Tyler	State TX	
Zip Code 75702	Purpose of Disbursement Headquarters	Category/ Type 001
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 01	

Full Name (Last, First, Middle Initial) <b>c. City of Tyler</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 621 N. Broadway Ave		Amount of Each Disbursement this Period 399.00 <b>Transaction ID : SB17.5600</b>
City Tyler	State TX	
Zip Code 75702	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.69
<b>TOTAL</b> 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 11 OF 13	
	<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) <b>A. City of Tyler</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 621 N. Broadway Ave		Amount of Each Disbursement this Period 399.00 <b>Transaction ID : SB17.5627</b>
City Tyler	State TX	
Zip Code 75702		Category/ Type 001
Purpose of Disbursement Rent		
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 01	

Full Name (Last, First, Middle Initial) <b>B. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 102A W. Royal Blvd.		Amount of Each Disbursement this Period 44.13 <b>Transaction ID : SB17.5451</b>
City Malakoff	State TX	
Zip Code 75148		Category/ Type 002
Purpose of Disbursement Gas		
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 01	

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 3318 S. Main		Amount of Each Disbursement this Period 27.40 <b>Transaction ID : SB17.5619</b>
City Lindale	State TX	
Zip Code 75771		Category/ Type 002
Purpose of Disbursement Gas		
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	470.53
<b>TOTAL</b> 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 12 OF 13	
	<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) <b>A. Super1Food</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 3000 WNWLoop 323		Amount of Each Disbursement this Period 25.04
City Tyler State TX Zip Code 75702	Purpose of Disbursement Gas 002 Category/Type	
Candidate Name <b>ELECT DR. MCKELLAR U.S. CONGRESS</b>		Transaction ID : SB17.5620
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</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 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.04
<b>TOTAL</b> This Period (last page this line number only).....	1454.26

**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
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**TERMS**

Date Incurred: M 12 / D 01 / Y 2011  
 Date Due: M M / D 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 3200.00
<b>TOTALS</b> 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.