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# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                           |  |   |  |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>MCKELLAR, SHIRLEY JONETTA DR, , , |                           |  | 2. Candidate's FEC Identification Number<br>H2TX01062 |  |
| (b) Address (number and street)<br>2711 STALEY DRIVE                    |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>TYLER TX 75702                         |                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                                | 5. Office Sought<br>House | 6. State & District of Candidate<br>TX 01  |   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|   |  |  |
|---|--|--|
| (a) Name of Committee (in full)<br>ELECT DR. MCKELLAR U.S. CONGRESS |  |  |
| (b) Address (number and street)<br>2711 STALEY                      |  |  |
| (c) City, State, and ZIP Code<br>TYLER TX 75702                     |  |  |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                 |  |  |
|---------------------------------|--|--|
| (a) Name of Committee (in full) |  |  |
| (b) Address (number and street) |  |  |
| (c) City, State, and ZIP Code   |  |  |

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

|   |                    |
|---|--------------------|
| Signature of Candidate<br>McKellar, Shirley, JoNetta, Dr., PhD<br><br><i>[Electronically Filed]</i> | Date<br>06/26/2017 |
|---|--------------------|

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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