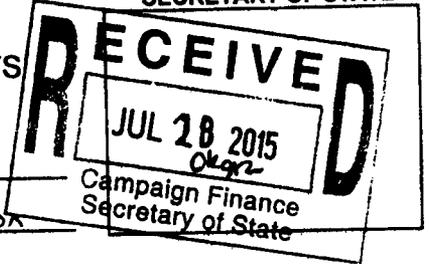


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate David McKae
 Address P.O. Box 1255, Ridgeland, MS County Madison
 Telephone (Work) 601-706-9154 (Home) _____ (Fax) _____
 Contact Name _____ Email Address info@votemckae.com
 Office Sought Treasurer Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
- ____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
- ____ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandatory
- X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
All Primary Candidates and Political Committees
- ____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- ____ October 27, 2015 Pre-Election Report Mandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$	460,500.00 + \$ 199.00	\$ 460,699.00	\$ 1,137,978.00
Total amount of disbursements	\$	673,433.81 + \$ 389.95	\$ 673,823.82	\$ 972,681.93
Total amount of cash on hand			\$ 165,296.07	

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

David McKae
Signature of Candidate

7/28/15
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee David McRae
 Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name <i>(see attached)</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

COMPANY	First NAME	LAST NAME	ADDRESS 1	CITY 1	ZIP 1 STATE 1	AMOUNT	DATE
People Lease	Brian	Wilson	P.O. Box 13953	Jackson	39236 MS	\$7,500.00	7/1/15
Facebook Advertising	Katherine	Capocelli	127 Parkhurst Dr	Jackson	39202 MS	\$2,500.00	7/1/15
J. Walter Michel Agency			689 Towne Center Blvd # B	Ridgeland	39157 MS	\$1,315.05	7/1/15
Triumph Campaigns, LLC			156 University Ave.	Palo Alto	94301 CA	\$466.54	7/2/15
	Sara	Williams	2660 Ridgewood Rd # 101	Jackson	39216 MS	\$600.00	7/9/15
	Katherine	Capocelli	P.O. Box 12243	Jackson	39236 MS	\$2,500.00	7/1/15
O'Donnell and Associates, Ltd			1984 Petit Bois	Jackson	39211 MS	\$5,000.00	7/1/15
OnMessage Inc.			3101 N. Hampton Dr. #1517	Alexandria	22302 VA	\$3,033.89	9-Jul
Stephens Printing LLC			127 Parkhurst Dr	Jackson	39202 MS	\$459.38	7/15/15
The Northside Sun			817 Slaters Lane	Alexandria	22314 VA	\$8,046.00	7/1/15
OnMessage Inc.	Yance	Falkner	642 Highway 469 South	Florence	39073 MS	\$69.55	7/7/15
	Yance	Falkner	246 Briarwood Dr.	Jackson	39206 MS	\$770.00	7/3/15
	Yance	Falkner	817 Slaters Lane	Alexandria	22314 VA	\$30,744.00	7/1/15
The Neshoba Democrat (The Fair Times)			2356 Highway 389	Woodland	39776 MS	\$2,250.00	7/1/15
OnMessage Inc.			P.O. Box 30	Philadelphia	39350 MS	\$1,530.00	7/1/15
OnMessage Inc.			2356 Highway 389	Woodland	39776 MS	\$434.63	7/7/15
OnMessage Inc.			817 Slaters Lane	Alexandria	22314 VA	\$15,925.19	7/7/15
OnMessage Inc.			2356 Highway 389	Alexandria	39776 MS	\$882.22	7/15/15
Comcast			817 Slaters Lane	Woodland	22314 VA	\$97,797.00	7/6/15
OnMessage Inc.			817 Slaters Lane	Alexandria	22314 VA	\$97,725.00	7/9/15
OnMessage Inc.			5915 I-55 N	Jackson	39213 MS	\$461.67	7/16/15
OnMessage Inc.			817 Slaters Lane	Alexandria	22314 VA	\$99,630.00	7/20/15
OnMessage Inc.			817 Slaters Lane	Alexandria	22314 VA	\$87,782.75	7/22/15
OnMessage Inc. (unitemized disbursements)			817 Slaters Lane	Alexandria	22314 VA	\$206,011.00	7/24/15
						\$389.95	
						\$673,823.82	

Name of Candidate or Committee David McRae
 Reporting period July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>(see attached)</u>	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □

DATE
 7/9/15
 7/1/15
 7/1/15
 7/9/15
 7/1/15

OCCUPATION
 chief/entrepreneur
 dentist
 chief/entrepreneur
 doctor
 investment, attorney
 investment, attorney

EMPLOYEE
 39423 MS
 39157 MS
 39130 MS
 39157 MS
 39157 MS
 39157 MS

STATE

AMOUNT

EMPLOYEE

\$1,500.00 People Perpet Care
 \$1,500.00 Carter Stage Family Dental
 \$2,000.00 Stage 1 Term
 \$200,000.00 MS&M Investment
 \$200,000.00 MS&M Investment
 \$480,000.00

CITY

ADDRESS

LAST NAME

FIRST NAME

COMPANY

9610 North Street
 772 Lake Avenue, Suite 11
 474 Richardson Rd.
 153 Green Glades
 153 Green Glades

St. John
 Carter
 Charpentier
 McKee
 McKee

Dr. Michael
 Regine and Doug
 Dr. Bill and Jolene
 David and Katherine
 David and Katherine