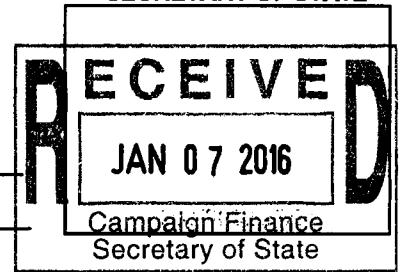


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate David McRae
 Address P.O. Box 1255, Ridgeland, MS, 39158 County Madison
 Telephone (Work) 601-706-9154 (Home) _____ (Fax) _____
 Contact Name _____ Email Address info@votemcrae.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
- ___ 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 ReportMandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- ___ 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
- X January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)Mandatory
- X 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 \$ 467,782.20	+	\$.34	\$ 467,782.54	\$ 1,560,408.39
Total amount of disbursements \$ 470,893.29	+	\$ 174.97	\$ 471,068.26	\$ 1,560,408.39
Total amount of cash on hand			\$ 0	

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

 Signature of Candidate _____ Date 1/6/16

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 \$50 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 October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard D. McRae, Jr.</u>	<u>12</u> / <u>01</u> / <u>15</u>	\$ <u>165,000.00</u>
Mailing Address <u>3850 Dogwood Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>McRae Investments</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Investor</u>	Aggregate year-to-date	\$ <u>177,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carolyn S. McRae</u>	<u>12</u> / <u>01</u> / <u>15</u>	\$ <u>165,000.00</u>
Mailing Address <u>3850 Dogwood Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Homemaker</u>	Aggregate year-to-date	\$ <u>177,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David M. McRae</u>	<u>12</u> / <u>01</u> / <u>15</u>	\$ <u>125,897.12</u>
Mailing Address <u>152 Green Glades</u>	<u>12</u> / <u>03</u> / <u>15</u>	\$ <u>4,215.02</u>
City, State, Zip Code <u>Ridgeland, MS, 39157</u>	<u>12</u> / <u>03</u> / <u>15</u>	\$ <u>7,670.06</u>
Name of Employer (Required) <u>McRae Investments</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Investments Attorney</u>	Aggregate year-to-date	\$ <u>862,360.00</u>
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	\$ _____

Name of Candidate or Committee David McRaeReporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name David M. McRae	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 Green Glades	12 / 03 / 15	\$ 454,182.84
City, State, Zip Code Ridgeland, MS, 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Loan Repayment & Interest	Aggregate Year-to-date	\$ 454,182.84
B. Full name Haddox Reid Eubank Betts	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Drawer 22507	12 / 09 / 15	\$ 4,534.08
City, State, Zip Code Jackson, MS, 39225-2507	12 / 31 / 15	\$ 4,215.02
Purpose of Disbursement (Optional) Accounting Services	Aggregate Year-to-date	\$ 8,749.10
C. Full name Brunini	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Drawer 19	12 / 03 / 15	\$ 7,670.76
City, State, Zip Code Jackson, MS, 39205	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Legal Services	Aggregate Year-to-date	\$ 7,670.76
D. Full name Comcast of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5915 I-55 North	10 / 05 / 15	\$ 291.29
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Internet	Aggregate Year-to-date	\$ 752.96
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	\$