

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Michael Robert Ray</u>		2. FEC Candidate Identification Number
(b) Address (number and street) <u>PO Box 100</u> <input type="checkbox"/> Check if address changed		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>Myrtle Beach, SC 29578</u>		
4. Party Affiliation <u>Independent</u>	5. Office Sought <u>President</u>	6. State & District of Candidate <u>SC</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <u>The Committee to Elect Michael Ray</u>
(b) Address (number and street) <u>PO Box 100</u>
(c) City, State, and ZIP Code <u>Myrtle Beach, SC 29578-0100</u>

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) <u>n/a</u>
(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 <u>[Signature]</u>	Date <u>2/16/16</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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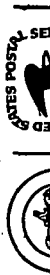
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ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day PO ZIP Code 13350	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YY) 2/19	<input type="checkbox"/> Military Postage \$ 22.95	<input type="checkbox"/> DPO
Date Accepted (MM/DD/YY) 2/18/16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 9 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 22.95	

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Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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2016-02-19 01:00 PM EST

(3/2015)