www.lee.vote

or

v sit

the

(239-533-8683) for more information about becoming a candidate for public office.

following

link:

http://www.lee.vote/campaigns/candidate-finance-reports/. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE

http://www.lee.vote/campaigns/candidate-packets/



CANDIDATE CAMPAIGN FILE COVER SHEET

| ORIGINAL | REVISED | |
|--|---|--|
| Candidate Name | COACH RAY | |
| Residence Address | 3507 LEE BLVP SWITE 290 LEHEGH ACRES 33971 | |
| City and Zip Code | LEHEGH ACRES 33971 | |
| | Check if same as above. Check if different from residence. | |
| Mailing Address | | |
| | | |
| | | |
| Telephone Number(s) | Daytime (list below) OR OR Alternate (list below) | |
| | 239 478 1933 | |
| Campaign Email Address | COAGHRAY FOR LEES HERIFF@ GIMATL. COM | |
| Campaign Website | | |
| Office Sought | LEE COUNTY SHERZEF | |
| Area, District, Group or Seat # | | |
| → Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below. → A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below. | | |
| → Political Party for Office Sought | NO PARTY AFFILIATION | |
| Date of Birth | / | |
| or Voter Registration ID # | 05-21-73 | |
| Date | 7-9-19 | |
| Candidate Signature | The | |
| he Lee County Supervisor of Elections posts a | Il candidate-qualifying documents and campaign finance reports on its website | |

STATEMENT OF CANDIDATE

19JUL16AMOSFFICE USE ONLY

(Section 106.023, F.S.)
(Please print or type)

| 1, COACH RAY | |
|---|-----------|
| candidate for the office of SHERIFF | ; |
| have been provided access to read and understand the requir | ements of |
| Chapter 106, Florida Statutes. | |
| | |
| | |
| | |
| X //k 7-9 | -/9 |
| Signature of Candidate | Date |

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

'19JUL16AM0937SOE Lee Co F1

Rule 1S-2.0001, F.A.C.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | OFFICE USE ONLY | |
|--|---|--|
| 1. CHECK APPROPRIATE BOX(ES): | | |
| | urer/Deputy Depository Office Party | |
| | 3. Address (include post office box or street, city, state, zip | |
| 4. Telephone 5. E-mail address | code) 3507 LEE BLVD SUZTE 290 | |
| 4. Telephone 5. E-mail address | LEHEATH ACRES FL 33971 | |
| (239) 478-1933 CONHRPY-ORCECHASTE GRALCON | | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a nonpartisan office, check if | |
| SHEREFF | applicable: | |
| JACKATT | My intent is to run as a Write-In candidate. | |
| 8. If a candidate for a <u>partisan</u> office, check block and fill in n | name of party as applicable: My intent is to run as a | |
| Write-In X No Party Affiliation | Party candidate. | |
| 9. I have appointed the following person to act as my | Campaign Treasurer Deputy Treasurer | |
| 10. Name of Treasurer or Deputy Treasurer | | |
| 11. Mailing Address | 12. Telephone , | |
| 18260 ACE Rd | (239) 543 36 79 | |
| 13. City 14. County 15. State | 16. Zip Code 17. E-mail address | |
| N. F. MYERS LEE LL | 33917 RAMH3@OVTLOOK.COM | |
| | Primary Depository Secondary Depository | |
| | Address | |
| SUNTRUST | 1110 HOMESTEAD RD N | |
| 21. City 22. County | 23. State 24. Zip Code | |
| LEHIGH ACRES LEE | FL 33936 | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | |
| 25. Date 26. | . Signature of Candidate | |
| 7-14-19 | Ole | |
| | | |
| 27. / reasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | |
| I, KOSE AII ALDE (Please Print or Type Name) | , do hereby accept the appointment | |
| designated above as: Campaign Treasurer | Deputy Treasurer. | |
| / / | | |
| 7/14/19 X | se (In) Marce Campaign Tropsurer or Deputy Treasurer | |

'19JUL16AM0937 SDE Lee Co F1

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

| officer before opening the campaign account. | OFFICE USE ONLY | | | |
|--|---|--|--|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | |
| | reasurer/Deputy Depository Office Party | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip | | | |
| COACH RAY | code) 3507 LEE BLYD SUITE 290 | | | |
| 4. Telephone 5. E-mail address | LEHEGH ACRES FL 33971 | | | |
| (239) 478-1933 CORHRAYEM LEESHEREPE CHARLON | | | | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a nonpartisan office, check if | | | |
| SHERIFF | applicable: | | | |
| | My intent is to run as a Write-In candidate. | | | |
| 8. If a candidate for a <u>partisan</u> office, check block and fill | in name of party as applicable: My intent is to run as a | | | |
| Write-In No Party Affiliation | Party candidate. | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | |
| COACH RAY | | | | |
| 11. Mailing Address | 12. Telephone | | | |
| 3507 LEE BLVD SUZE 29 | (239)478-/933 | | | |
| 13. City 14. County 15. Sta | te 16. Zip Code 17. E-mail address | | | |
| LEHOGH ACRES LEE FL | 33971 COACH RAY FOR LESSHERET @ G. MICLCUM | | | |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository | | | |
| 19. Name of Bank | 20. Address | | | |
| SUNTRUST | 1110 HOMESTEAD RD N | | | |
| 21. City 22. County | 23. State 24. Zip Code | | | |
| LEHEGH ALRES LEE | FL 33936 | | | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | | | |
| 25. Date | 26. Signature of Candidate | | | |
| 7-9-19 | x M | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | |
| LOACH RAV | do horsely consent the annucleation and | | | |
| (Please Print or Type Name) | , do hereby accept the appointment | | | |
| designated above as: Campaign Treasurer | Deputy Treasurer. | | | |
| X | The | | | |
| Date | Signature of Campaign Treasurer or Deputy Treasurer | | | |

AFFIDAVIT OF NICKNAME OE Lee Co F1

| Florida | T. C. |
|--|---|
| STATE OF Florida | |
| COUNTY OF Lee | |
| DEBOOD WE discuss to the second | |
| BEFORE ME, the undersigned, person | 5 65 |
| | Michael Ray Qualls Jr. |
| | (write legal name of candidate) |
| who being first duly sworn or placed | under affirmation says: |
| 1. My legal name is: Michael Ray | y Qualls Jr. |
| I am over the a | |
| 2. I am a candidate for the office of | f:· |
| 3. My nickname is: | Coach Ray |
| nickname to mislead voters. I | nickname or have used it as part of my legal name. I have not created the plan to designate this nickname on my candidate oath as the same name ballot when I submit the candidate oath form during the qualifying period |
| I have used as a part of my leg | how that my nickname is one by which I am generally known or one that gal name. [List the title of any documents or affidavits from other persons generally known by the nickname or that it has been used as part of the |
| A. Copy business card | · |
| B. picture of office door | |
| c. electronic articles of o | rganization |
| Michael Ray Qualls Jr. | Mag . |
| Printed /Typed Name of Affiant | Signature of Affiant |
| | Sworn to me this day of July 2019. |
| CHERYL FUTCH MY COMMISSION # GG 154203 EXPIRES: February 22, 2022 Bonded Thru Notary Public Underwriters | Notary Public Notary Public Printed Name 2/22/22 My Commission Expires |
| Personally known | duced Identification |
| Type of Identification Produced: | FLDL |

AFFIDAVIT OF NICKNAME continuation of attached documents

- D. State of Florida Department of State
- E. Greater Lehigh Acres Chamber of Commerce

Coach Ray
Cell 239-478-1933

www.tunlockyourmindwithcoachray.com

Coach Ray

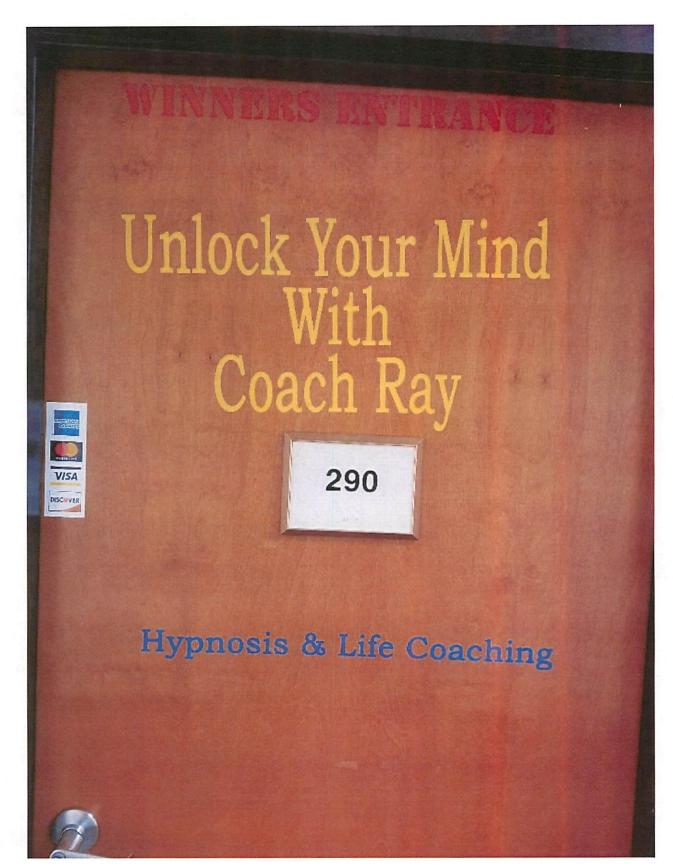
Coach Ray

Coach Ray

Stor Lee Blvd. Suite 290

Lehigh Acres, FL 33971

www.tunlockyourmindwithcoachray.com



Electronic Articles of Organization Florida Limited Liability Company

18000268355 November 16, 2018 Sec. Of State

Article I

The name of the Limited Liability Company is: UNLOCK YOUR MIND WITH COACH RAY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

The mailing address of the Limited Liability Company is:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MICHAEL RAY QUALLS JR.

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of UNLOCK YOUR MIND WITH COACH RAY LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on November 16, 2018 effective January 01, 2019, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L18000268355.

Authentication Code: 181120162523-400321101614#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of November, 2018



WHEREAS,

Unlock Your Mind with Coach Ray, has chosen to locate in

Lehigh Acres, Florida, and

WHEREAS,

Unlock Your Mind with Coach Ray, has made a substantial

investment in order to create an new attractive business in the Greater Lehigh Acres area, and

WHEREAS,

Unlock Your Mind with Coach Ray, has made concerted

effort to participate in community activities and to

integrate themselves as a part of the Greater

Lehigh Acres area, and

WHEREAS,

This ceremony acknowledges the dedication of

Unlock Your Mind with Coach Ray, to the Greater Lehigh Acres area as one of the premier businesses supporting the quality of life in the Greater Lehigh Acres area for its employees and as an

outstanding corporate citizen committed to complete

customer satisfaction.

NOW THEREFORE I, Michael Jacobs, Ambassador Chair, and member of The Greater Lehigh Acres Chamber of Commerce, hereby do proclaim Tuesday, May 28th, 2019 as:

"Unlock Your Mind with Coach Ray"

in the community of Lehigh Acres.



IN WITNESS WHEREOF

I hereunto have set my hand and caused the Seal of the Chamber of Commerce to be affixed this 28th day of May, 2019.

Muhul Javole /