

# FEC FORM 2

## STATEMENT OF CANDIDACY

REPUBLICAN SENATE

2017 FEB -1 AM 9:15

|   |                            |  |
|---|----------------------------|--|
| 1. (a) Name of Candidate (in full)<br>Lyles, Tamika, , Ms., |                            | 2. Candidate's FEC Identification Number   |
| (b) Address (number and street)<br>P.O. Box 420183          |                            | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br>Kissimmee FL 34742         |                            |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                    | 5. Office Sought<br>Senate | 6. State & District of Candidate<br>FL 00  |

### 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>Lylesfor Senate Campaign |  |  |
| (b) Address (number and street)<br>P.O. Box 420183          |  |  |
| (c) City, State, and ZIP Code<br>Kissimmee FL 34742         |  |  |

### 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.

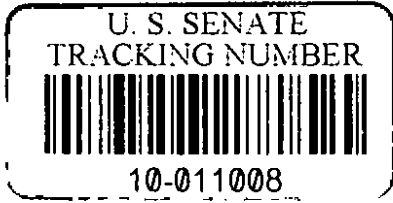
|   |                    |
|---|--------------------|
| Signature of Candidate<br>Lyles, Tamika, , Ms., | Date<br>01/26/2017 |
|---|--------------------|

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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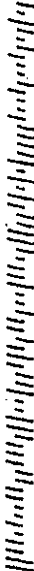
TAMARA LYLES  
P.O. BOX 480183  
KISSIMMEE, FL 34742



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# United States Senate

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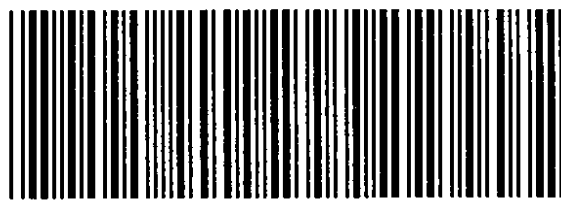
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