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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lyles, Tamika, , Ms,		
(b) Address (number and street) PO Box 420183		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Kissimmee FL 34742		2. Candidate's FEC Identification Number S6FL00673
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate
6. State & District of Candidate FL 00		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) Lyles for Senate		
(b) Address (number and street) PO Box 420183		
(c) City, State, and ZIP Code 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 Lyles, Tamika, , Ms,	Date 03/24/2025
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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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