FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   Lyles, Tamika, Ms.

   (b) Address (number and street)
P.O. Box 420183

   ☐ Check if address changed

2. Candidate’s FEC Identification Number

3. Is This Statement ☒ New (N) OR ☐ Amended (A)

4. Party Affiliation
   DEMOCRATIC PARTY

5. Office Sought
   Senate

6. State & District of Candidate
   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).

   (a) Name of Committee (in full)
   Lyles for Senate Campaign

   (b) Address (number and street)
P.O. Box 420183

   (c) City, State, and ZIP Code
   Kissimmee FL 34742

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

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.

   (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
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.
THE PRECEDING DOCUMENT WAS:

HAND DELIVERED ________________ Date of Receipt

USPS FIRST CLASS MAIL ________________ Date of Receipt $1/27/17$

USPS REGISTERED/CERTIFIED ________________ Postmark

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL □

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OVERNIGHT DELIVERY SERVICE:

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PREPARE $MN$ DATE PREPARED ________________ 2/1/17

4/04/16