FEC FORM 2 STATEMENT OF CANDIDACY

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4	(a) Name of Condidate (in full)					
١.	(a) Name of Candidate (in full) Barbara Lee					
	(b) Address (number and street)					2. Candidate's FEC Identification Number
	409 13th St, 17th FL					H8CA09060
	(c) City, State, and ZIP Code					3. Is This New Amended
	Oakland		CA S	94612		Statement X (N) OR (A)
4.	Party Affiliation	5. Office Sought		6. State	e & Distr	rict of Candidate
	DEMOCRATIC PARTY	House		CA		09
	DE	SIGNATION O	F PRINCIP		PAIGN	
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2016</u> 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)					
	Barbara Lee for Cor	ngress				
	(b) Address (number and street) 409 13th St, 17th FL					
	(c) City, State, and ZIP Code					
	Oakland			С	A	94612
	Canana					
8.	I hereby authorize the following name candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code				iign com	nmittee, to receive and expend funds on behalf of my
_	I certify that I have exa	mined this Statement	and to the be	st of my know	ledae a	nd belief it is true, correct and complete.
	-			SC OF THY KHOW	leuge al	1
	gnature of Candidate					Date
Ba	arbara Lee		l	Electronically	Filed]	12/22/2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
						FEC FORM 2 (REV. 02/2009