FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Lawrence Lessig							
	(b) Address (number and street) P.O. Box 382080	☐ Check if address changed				2. Candidate's FEC Identification Number P60009685		
	(c) City, State, and ZIP Code						ew Amended	
	Cambridge		MA	0223	8	Statement X (N) OR (A)	
4.	Party Affiliation	5. Office Soug	nt		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	Presidenti	al					
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Lessig Equal Citizens Exploratory Committee							
_	(b) Address (number and street)							
	P.O. Box 382080							
	(c) City, State, and ZIP Code							
	Cambridge				MA	02238		
	DE	SICNATIO	N OF OT	UED AII	TUODIZED	COMMITTEES		
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							
	(6) 51.5, 51.61.6, 61.16 21.1							
	I certify that I have exa	mined this State	ement and to	the best of	mv knowledae a	and belief it is true, correc	t and complete	
					,			
	gnature of Candidate					Date		
L	wrence Lessig			[Elec	tronically Filed]	08/11/2015		
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)