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## FEC FORM 2

## STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full)											
	Lawrence Lessig											
	(b) Address (number and street) P.O. Box 382070	Check if address changed				Candidate's FEC Identification Number     P60009685						
	(c) City, State, and ZIP Code					3. Is This		New			Amended	
	Cambridge		MA	02238	3	Statem		(N)	OR	×	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	ict of Candid	date					
	DEMOCRATIC PARTY	Presidential										
DESIGNATION OF PRINCIPAL CAMPAIGN 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) LESSIG2016.US											
	(b) Address (number and street) P.O. Box 382070											
	(c) City, State, and ZIP Code											
	Cambridge				MA	02238	3					
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.												
	canaladoy.											
	NOTE: This designation should be f	iled with the princ	cipal campaig	n committe	e.							
	•	iled with the princ	sipal campaig	n committe	e.							
	NOTE: This designation should be f	iled with the princ	sipal campaig	n committe	e.							
	NOTE: This designation should be f	iled with the princ	sipal campaig	n committe	е.							
_	NOTE: This designation should be for (a) Name of Committee (in full)  (b) Address (number and street)					and belief it is	true, corre	ect and	comple	ete.		
Si	NOTE: This designation should be formula (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code					and belief it is	true, corre	ect and	comple	ete.		
	NOTE: This designation should be formula (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code			ne best of r				ect and	comple	ete.		
Lo	NOTE: This designation should be formula (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a street of Candidate	mined this Stater	ment and to th	ne best of r	ny knowledge a ronically Filed]	<b>Date</b> 09/23/20	15				137g.	

FEC FORM 2 (REV. 02/2009)