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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					_			
	Thompson, Mike, , Mr.,								
	(b) Address (number and street) Post Office Box 10541					Candidate's FEC Identification Number H8CA01109			
	(c) City, State, and ZIP Code					3. Is This	lew	14	Amended
	Napa		CA	9458	31	Statement (1	N) OR	×	(A)
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			CA	04			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) MIKE THOMPSON FOR CONGRESS									
	(b) Address (number and street) 5445 MADISON AVENUE								
	(c) City, State, and ZIP Code								
	SACRAMENTO				CA	95841			
(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.									
Si	gnature of Candidate					Date			-
Ti	hompson, Mike, , ,	[Electronically Filed]				01/13/2022			
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)