Image# 11930410357 FEC FORM 2 STATEMENT OF CANDIDACY

. (a) Name of Candidate (in full)			
Mr. Mike Thompson			
(b) Address (number and stre	eet) C	Check if address changed	2. Identification Number
Post Office Box 10541		_	H8CA01109
(c) City, State and ZIP Code			3. Is This X New Amended
Napa	CA	94581	
. Party Affiliation	5. Office Sought		istrict of Candidate
DEMOCRATIC PARTY	House	CA 0	1
	DESIGNATION OF PRI	NCIPAL CAMPAIGN	COMMITTEE
. I hereby designate the following n	named political committee as my F	Principal Campaign Committe	e for the <u>2012</u> election(s).
NOTE: This designation should	ld be filed with the appropriate c	office listed in the instruction	
(a) Name of Committee (in full	II)		
Mike Thompson For Cong	press		
(b) Address (number and stre	eet)		
5429 Madison Avenue			
(c) City, State and ZIP Code	•		
.,			
Sacramento		pint Fundraising Representa	
Sacramento . I hereby authorize the following na candidacy.	DESIGNATION OF OTI (Including Jo	HER AUTHORIZED (bint Fundraising Representa ny principal campaign commi	atives)
Sacramento 8. I hereby authorize the following na candidacy.	DESIGNATION OF OTI (Including Jo amed committee, which is NOT n Id be filed with the principal cam	HER AUTHORIZED (bint Fundraising Representa ny principal campaign commi	atives)
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Sacramento I hereby authorize the following na candidacy. NOTE:This designation should (a) Name of Committee (in full (b) Address (number and stree (c) City, State and ZIP Code I certify that I have	DESIGNATION OF OTI (Including Jo amed committee, which is NOT n Id be filed with the principal cam II)	HER AUTHORIZED (atives) ittee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete.
Sacramento I hereby authorize the following na candidacy. NOTE:This designation should (a) Name of Committee (in full (b) Address (number and stree) (c) City, State and ZIP Code I certify that I have Signature of Candidate	DESIGNATION OF OTI (Including Jo amed committee, which is NOT n Id be filed with the principal cam II)	HER AUTHORIZED (atives) ittee, to receive and expend funds on behalf of my
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Sacramento I hereby authorize the following na candidacy. NOTE:This designation should (a) Name of Committee (in full (b) Address (number and stree) (c) City, State and ZIP Code I certify that I have Signature of Candidate Michael Thompson	DESIGNATION OF OTI (Including Jo amed committee, which is NOT n Id be filed with the principal carr II) eet)	HER AUTHORIZED (atives) ittee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete. Date 02/23/2011
Sacramento I hereby authorize the following na candidacy. NOTE:This designation should (a) Name of Committee (in full (b) Address (number and stree (c) City, State and ZIP Code I certify that I have Gignature of Candidate Michael Thompson	DESIGNATION OF OTI (Including Jo amed committee, which is NOT n Id be filed with the principal carr II) eet)	HER AUTHORIZED (atives) ittee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete. Date