

Image# 12963716560

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Mr. Mike Thompson</b>		2. Candidate's FEC Identification Number <b>H8CA01109</b>
(b) Address (number and street) Post Office Box 10541		3. Is This Statement <input type="checkbox"/> New (N) <b>OR</b> <input checked="" type="checkbox"/> Amended (A)
<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <b>Napa CA 94581</b>		
4. Party Affiliation <b>DEMOCRATIC PARTY</b>	5. Office Sought <b>House</b>	6. State & District of Candidate <b>CA 05</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) <b>Mike Thompson For Congress</b>		
(b) Address (number and street) 5429 Madison Avenue		
(c) City, State, and ZIP Code <b>Sacramento CA 95841</b>		

### 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		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate <i>Mike Thompson</i>	Date <b>12/12/2012</b>
<i>[Electronically Filed]</i>	

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2A  
Transaction ID :

Amend Election Cycle

Form/Schedule:  
Transaction ID: