

MIKE THOMPSON

1ST DISTRICT, CALIFORNIA

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON SELECT REVENUE MEASURES

PERMANENT SELECT COMMITTEE ON INTELLIGENCE

CHAIRMAN, SUBCOMMITTEE ON TERRORISM, HUMAN INTELLIGENCE, ANALYSIS AND COUNTERINTELLIGENCE

SUBCOMMITTEE ON INTELLIGENCE COMMUNITY MANAGEMENT



CONGRESS OF THE UNITED STATES  
HOUSE OF REPRESENTATIVES  
WASHINGTON, DC 20515

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1040 MAIN STREET, SUITE 101  
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WASHINGTON, DC 20515  
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WEB: <http://mikethompson.house.gov>

**ADVOCACY AUTHORIZATION**

Pursuant to the Privacy Act, I respectfully request and authorize Congressman Mike Thompson or any member of his staff to act on my behalf, to receive and review agency correspondence, and to meet with appropriate individuals regarding my concerns.

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

*PLEASE PRINT*

**NAME:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
\_\_\_\_\_ **VA ID#:** \_\_\_\_\_  
**TELEPHONE#:** \_\_\_\_\_ **INS#:** \_\_\_\_\_  
**EMAIL#:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**BRIEF EXPLANATION**


Please send all documentation, including this Advocacy Authorization, to the appropriate district office:

**NAPA DISTRICT OFFICE**  
1040 Main Street, Suite 101  
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