

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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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: _____
TELEPHONE#: _____ VA ID#: _____
E-MAIL: _____ INS#: _____
Agency: _____

BRIEF EXPLANATION

[Empty box for 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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