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COMMITTEE ON APPROPRIATIONS RANKING MEMBER

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Please state the nature of the issue you wish Congresswoman Kaptur to address. Attach additional documents or write on the back of this form as needed. Please return the form to our TOLEDO office at the address below.

government. (Briefly describe the matter below.)	
PERSONAL INFORMATION	
NAME:	BIRTH DATE:
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information as needed to address	arcy Kaptur or her staff may obtain and review my request for assistance. I hereby authorize to release the information to Congresswoman Kaptur or dential.
SIGNATURE:	DATE:



