

United States House of Representatives  
Committee on Financial Services

**"TRUTH IN TESTIMONY" DISCLOSURE FORM**

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Financial Services require the disclosure of the following information. A copy of this form should be attached to your written testimony.

|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 Name:</b>                                                                                                                                                                                                                                                                             | <b>2 Organization or organizations you are representing:</b>                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |
| <b>3 Business Address and telephone number:</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |
| <b>4 Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2004 related to the subject on which you have been invited to testify?</b>                                                                                              | <b>5 Have any of the organizations you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2004 related to the subject on which you have been invited to testify?</b> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                |
| <b>6 If you answered "yes" to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.</b> |                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |
| <b>7 Signature:</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         |
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*Please attach a copy of this form to your written testimony.*