

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.

<p>1. Name:</p> <p>Dr. HARRY MALCOLM</p>	<p>2. Organization or organizations you are representing:</p> <p>Essentia Health Hayward Area Memorial Hospital</p>
<p>3. Business Address and telephone number:</p> <div style="background-color: black; width: 100%; height: 50px;"></div>	
<p>4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2015 related to the subject on which you have been invited to testify?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>5. Have any of the organizations you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2015 related to the subject on which you have been invited to testify?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>
<p>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.</p> <p>(For Testimony 7/21/17 @ LAC Courte Crellins Gibson School, HAYWARD CA 94543)</p> <p><i>[Signature]</i></p> <p>7. Signature:</p>	

Please attach a copy of this form to your written testimony.