United States House of Representatives
Committee on Foreign Affairs

"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 require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, as required by House rules.

1. Date of Hearing: **February 12, 2014**

2. Your Name: **Dr. Audrey L. Altstadt**

3. Organization or organizations you are representing: **I don't "represent" any organization, but I am a Fellow at the Kennan Institute of the Woodrow Wilson International Center for Scholars for 2014-15. I am a Professor History at the University of Massachusetts, Amherst**

4. Since January 1, 2013, have you or your organization(s) received any Federal grants or contracts (including subgrants and subcontracts) related to the subject of the hearing or your representational capacity at the hearing? xx□ Yes □ No *(select one)*

5. Since January 1, 2013, have you or your organization(s) received any contract or payment originating with a foreign government related to the subject of the hearing or your representational capacity at the hearing? □ Yes xx□ No *(select one)*

6. If you answered "Yes" to either item 4 or 5, list the source and amount of each grant, contract, or payment. You may list additional grants, contracts, or payments on additional sheets.

   I have had contracts to give lectures on Azerbaijani history and culture at USG agencies:
   State Dept (NFATC), $200 per lecture, 4 during 2014-15
   CIA $2200 per lecture, 2 per year, 2013-14 (Contract ended January 2015)

   My Fellowship at Woodrow Wilson International Center for Scholars is $44,000
   The Center itself receives many grants but includes the Embassy of Azerbaijan and SOCAR, but for programs with which I am not involved.

7. Are you an active registrant under the Foreign Agents Registration Act (FARA)?
   □ Yes xx□ No *(select one)*

Signature: __*Audrey L. Altstadt*_____

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