

**Committee on Oversight and Government Reform  
Witness Disclosure Requirement — “Truth in Testimony”**

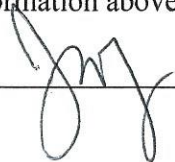
Pursuant to House Rule XI, clause 2(g)(5) and Committee Rule 16(a), non-governmental witnesses are required to provide the Committee with the information requested below in advance of testifying before the Committee. You may attach additional sheets if you need more space.

Name:

| 1. Please list any entity you are testifying on behalf of and briefly describe your relationship with these entities.   |                                   |        |         |        |        |
|---|-----------------------------------|--------|---------|--------|--------|
| Name of Entity  | Your relationship with the entity |        |         |        |        |
| The Bopp Law Firm, PC   | owner                             |        |         |        |        |
| Republican Overseas, Inc  | Treasurer and General Counsel     |        |         |        |        |
| 2. Please list any federal grants or contracts (including subgrants or subcontracts) you or the entity or entities listed above have received since January 1, 2015, that are related to the subject of the hearing.        |                                   |        |         |        |        |
| Recipient of the grant or contact (you or entity above)   | Grant or Contract Name            | Agency | Program | Source | Amount |
| None  |                                   |        |         |        |        |
|   |                                   |        |         |        |        |
|   |                                   |        |         |        |        |
| 2. Please list any payments or contracts (including subcontracts) you or the entity or entities listed above have received since January 1, 2015 from a foreign government, that are related to the subject of the hearing. |                                   |        |         |        |        |
| Recipient of the grant or contact (you or entity above)   | Grant or Contract Name            | Agency | Program | Source | Amount |
| None  |                                   |        |         |        |        |
|   |                                   |        |         |        |        |
|   |                                   |        |         |        |        |

I certify that the information above and attached is true and correct to the best of my knowledge.

Signature \_\_\_\_\_



Date: \_\_\_\_\_

4/17/17

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