

## Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Oversight and Accountability



Subcommittee: Government Operations and the Federal Workforce



Hearing Date: 08/02/2023

Hearing Title :

"Weathering the Storm: Oversight of the Federal Response and Recovery Efforts in Southwestern Florida following Hurricane Ian"

Witness Name: Kevin B. Anderson

Position/Title: Mayor, City of Fort Myers, Florida

Witness Type: ☒ Governmental ☐ Non-governmental

Are you representing yourself or an organization? ☐ Self ☒ Organization

If you are representing an organization, please list what entity or entities you are representing:

City of Fort Myers, Florida

### **FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY**

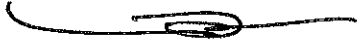
Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

City of Fort Myers, Florida

### False Statements Certification

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.



Witness signature

8/2/23

Date

