



House Permanent Select Committee on Intelligence
115th Congress – 2nd Session

“TRUTH IN TESTIMONY” DISCLOSURE FORM

Clause 2(g) of Rule XI of the Rules of the House of Representatives requires the disclosure of the following information. A copy of this form should be attached to your written testimony.

1. Name: MICHAEL PILLSBURY	2. Organization or organizations you represent: HUDSON INSTITUTE
3. Address and telephone number: 1201 PENN AVE NW WASHINGTON DC	
4. Have <u>you</u> received any Federal grants or contracts or any contracts or payments originating with a foreign government (including any subgrants and subcontracts) in the current calendar year or either of the two previous calendar years related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Have any of the <u>organizations you represent</u> received any Federal grants or contracts or any contracts or payments originating with a foreign government (including any subgrants and subcontracts) in the current calendar year or either of the two previous calendar years related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If you answered “yes” to either item 4 or 5, please list the source and amount of each payment and indicate whether the recipient of such payment was you or the organization(s) you represent. You may list additional grants or contracts on additional sheets.	
7. Signature: //s// Michael Pillsbury	

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