

COMMITTEE ON NATURAL RESOURCES
115th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g)(5)

Oversight Hearing on “*Assessing Current Conditions and Challenges at the Lyndon B. Johnson Tropical Medical Center in American Samoa.*”

July 25, 2017

For Individuals:

Name:
Address:
Email Address:
Phone Number:

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For Witnesses Representing Organizations:

Name: Sandra King Young
Name of Organization(s) You are Representing at the Hearing: American Samoa Medicaid Agency, Office of the Governor, American Samoa Government
Business Address: [REDACTED]
Business Email Address: [REDACTED]
Business Phone Number: [REDACTED]

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For Nongovernment Witnesses ONLY:

1. Please attach/include current curriculum vitae or resume.
2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract.

3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment.