

"Truth in Testimony" Disclosure Form

Hearing: H.R. 1797 District of Columbia Pain-Capable
Unborn Child Protection Act
Date: May 23, 2013

1. Name: Anthony Levatino, MD	2. Entity(ies) you are representing: Self
3. Business Address and Telephone Number: 	
4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) during the current fiscal year or either of the two preceding fiscal years that are relevant to the subject matter on which you have been invited to testify? ☐ YES ☒ NO	5. Have any of the <u>entities that you are representing</u> received any Federal grants or contracts (including any subgrants or subcontracts) during the current fiscal year or either of the two preceding fiscal years that are relevant to the subject matter on which you have been invited to testify? ☐ YES ☐ NO NA
6. If you answered "yes" to either item 4 or 5, please list the source (by agency and program) and amount of each grant, subgrant, contract, or subcontract, and indicate whether the recipient of such grant was you or the entity(ies) you are representing. (Please use additional sheets if necessary.) 	
7. Signature: Anthony Levatino MD	Date: 5/17/13