HOUSE COMMITTEE ON



VETERANS' AFFAIRS

Truth in Testimony Disclosure Form

Required by House Rule XI, Clause 2()	g) _	72	
Your Name: David W. Catol admille	late	we	
1. Are you testifying on behalf of a Federal, State, or Local Government entity?	YES	NO	Q
2. Are you testifying on behalf of an entity other than a Government entity?	YES (NO	
3. Other than yourself, please list what entity or entities you at the Challotte - Mecklerburg Hospital authority. 1. North Capina Jubbs hospital authority. 4. Please list any offices or elected positions held or briefly despresentational capacity with the entities disclosed in question. 1. Assistant Vice President - Pahent	escribe your	rity, 2. Atrii	in Health
(For those testifying on behalf of a Government entity, ignore to (Additional pages may be appended to this Statement if more specific.) 5. a) Please list any Federal grants or contracts (including subcontracts), including the amount and source (agency) while and/or been approved for since January 1, 2015:	nce is needed ubgrants or	,	
b) If you are testifying on behalf of a non-governmental entifederal grants or contracts (including subgrants or subcontra and source (agency) received by the entitles listed under ques 1, 2015, which exceeded 10% of the entitles' revenues in the y	cts) and the tion 3 since	amount January	
6. If you are testifying on behalf of a non-governmental entity, does it have a parent organization or an affiliate who you specifically do not represent? If so, list below:	YES	NO	
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