## 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.

Hearing Date: 03/03/2023  Hearing Title: Committee on Appropriations, Subcommittee on Interior, Environment, and related agencies of the House of Representatives American Indian and Alaska Native Public Witness Days.  Witness Name: Oliver Littlecook  Position/Title: Chairman Ponca Tribe of Oklahoma  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:  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	Committee: Committee on Appropriations	1975					
Committee on Appropriations, Subcommittee on Interior, Environment, and related agencies of the House of Representatives American Indian and Alaska Native Public Witness Days.  Witness Name:  Oliver Littlecook  Position/Title:  Chairman Ponca Tribe of Oklahoma  Witness Type:  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:  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	ubcommittee: Appropriations Subcommit	ee					X
Committee on Appropriations, Subcommittee on Interior, Environment, and related agencies of the House of Representatives American Indian and Alaska Native Public Witness Days.  Witness Name: Oliver Littlecook  Position/Title: Chairman Ponca Tribe of Oklahoma  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:  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	Tearing Date: <u>03/03/2023</u>						
of the House of Representatives American Indian and Alaska Native Public Witness Days.  Witness Name: Oliver Littlecook  Position/Title: Chairman Ponca Tribe of Oklahoma  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:  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	Fearing Title :						
Position/Title: Chairman Ponca Tribe of Oklahoma  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:  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							
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:  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	Vitness Name: Oliver Littlecook				***************************************		
Are you representing yourself or an organization?   Self Organization  If you are representing an organization, please list what entity or entities you are representing:  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	Position/Title: Chairman Ponca Tribe of O	klaho	oma				
If you are representing an organization, please list what entity or entities you are representing:  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	Witness Type:   Governmental O Non-gov	ernm	ıental				
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	Are you representing yourself or an organizati	on?	O Self		Organization		
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	f you are representing an organization, please	list w	hat entity	or e	ntities you are repres	senting:	
the organization(s) or entities.	Please complete the following fields. If necessar Are you a fiduciary—including, but not limited	ry, att	tach additio	onal offic	l sheet(s) to provide n er, advisor, or reside	nt agent—of ar	ny