



HOUSE COMMITTEE ON VETERANS' AFFAIRS

Truth in Testimony Disclosure Form
Required by House Rule XI, Clause 2(g)

Your Name: Jonathan B. Perlin, M.D.		
1. Are you testifying on behalf of a Federal, State, or Local Government entity?	YES	<input checked="" type="radio"/> NO
2. Are you testifying on behalf of an entity other than a Government entity?	<input checked="" type="radio"/> YES	NO
3. Other than yourself, please list what entity or entities you are representing: HCA Healthcare Inc.		
4. Please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question 3. N/A		
<i>(For those testifying on behalf of a Government entity, ignore these questions below) (Additional pages may be appended to this Statement if more space is needed)</i>		
5. a) Please list any Federal grants or contracts (including subgrants or subcontracts), including the amount and source (agency) which <u>you</u> have received and/or been approved for since January 1, 2015: N/A		
b) If you are testifying on behalf of a non-governmental entity, please list any federal grants or contracts (including subgrants or subcontracts) and the amount and source (agency) received by the <u>entities listed under question 3</u> since January 1, 2015, which exceeded 10% of the entities' revenues in the year received: N/A		

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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Truth in Testimony Signature Page

Signature of Witness: 

Date: 7-10-17

(Your signature WILL NOT be posted to the Committee website.)