



HOUSE COMMITTEE ON VETERANS' AFFAIRS

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

| | | |
|---|--------------------------------------|-------------------------------------|
| Your Name: Ashlynn Haycock | | |
| 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: Tragedy Assistance Program for Survivors (TAPS) | | |
| 4. Please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question 3. | | |
| <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: | | |
| 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: | | |
| 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 | <input checked="" type="radio"/> NO |