Committee on Ways and Means Witness Disclosure Requirement – "Truth in Testimony" Required by House Rule XI, Clause 2(g)

| Your Name: | | | |
|---|----------------|----------|--------|
| Peter J Mondell, MD | agree to compa | | |
| 1. Are you testifying on behalf of a Federal, State, or Local Government entity? | Yes | No | |
| a. Name of entity(ies). | | | |
| | | | |
| b. Briefly describe the capacity in which you represent this entity. | | | |
| | | | |
| 2. Are you testifying on behalf of any non-governmental entity(ies)? | Yes | No | |
| | | | |
| a. Name of entity(ies). Association of Orthopaed | ,4 | - | |
| b. Briefly describe the capacity in which you represent this entity. | | 1 1 | |
| b. Briefly describe the capacity in which you represent this entity. | | | |
| I am the Chair of the Council on | | | |
| Advocacy | | 1 1 | |
| 3. Please list any Federal grants or contracts (including subgrants or subcontracts) which ye | ni have | \vdash | |
| received during the current fiscal year or either of the two previous fiscal years: | 7tt Have | | |
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| Λ / Λ | | - 1 | |
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| 4. Please list any offices or elected positions you hold. | | | |
| N/A | | - 1 | |
| N | | 1 | |
| 5 Deadle sticking was severed above requestif have marget assistant | | - | |
| 5. Does the entity(ies) you represent, other than yourself, have parent organizations, | Voc | No | |
| subsidiaries, or partnerships you are not representing? | Yes | No | |
| The Political Action Committee of the American Association of Oft | no cres | 154 | KOPEN |
| 6. Please list any Federal grants or contracts (including subgrants or subcontracts) which w | ere receiv | ed | o ger. |
| by the entity(ies) you represent during the current fiscal year or either of the two previous f | | | |
| which exceed 10 percent of entity(ies) revenues in the year received. Include the source an | | | |
| each great or contract. Attach a second page if necessary. | | - | |
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| We have not received and I see a | VOINTE | 0 | |
| contracts that exceed to percent of our re | AGACO | ' | |
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