Committee on Science, Space, and Technology U.S. House of Representatives Witness Disclosure Requirement - "Truth in Testimony" Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Dr. Charles (Matt) Mountain		
2. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	X
3. Are you testifying on behalf of an entity that is not a government entity?	Yes	No
4. Other than yourself, please list which entity or entities you are repres	enting:	
Association of Universities for Research in Astronomy (AURA)		
5. Please list any Federal grants, cooperative agreements, or contracts (in subgrants or subcontracts) that you or the entity you represent have after October 1, 2012: Please see attached.		n or
 6. Please list any foreign government payments that you or the entity you received on or after October 1, 2012: N/A 7. If your answer to the question in item 3 in this form is "yes," please deeposition or representational capacity with the entity(ies) you are representational capacity. 	scribe you	
President, AURA		
8. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?	Yes	No X
9. If the answer to the question in item 3 is "yes," please list any Federal geoperative agreements, or contracts (including subgrants or subcont received by the entities listed under the question in item 4 on or after that exceed 10 percent of the revenue of the entities in the year received source and amount of each grant or contract to be listed:	racts) that October 1	,2012,
Please see attached.		
I certify that the above information is true and correct.		,

I certify that the above information is true and correct.	/ /
Signature: Date:	12/1/17
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False Statements Act Certification

You are specifically advised that providing false information to this Committee/Subcommittee, or concealing material information from this Committee/Subcommittee, is a crime, and you can be punished for that. If you acknowledge this, please sign the bottom of this form and return to the Committee. This form will be made part of the hearing record.

Witness signature

Date