



# HOUSE COMMITTEE ON SMALL BUSINESS

## Witness Disclosure Statement

Required by House Rule XI, Clause 2(g)

|                                                                                                                                                                                                                                                                                                                                                      |     |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|
| Your Name: <u>CHRISTOPHER M. OSTOICH</u>                                                                                                                                                                                                                                                                                                             |     |                                        |
| 1. Are you testifying on behalf of a Federal, State, or Local Government entity?                                                                                                                                                                                                                                                                     | YES | NO <input checked="" type="checkbox"/> |
| 2. Are you testifying on behalf of an entity other than a Government entity?                                                                                                                                                                                                                                                                         | YES | NO <input checked="" type="checkbox"/> |
| 3. Other than yourself, please list what entity or entities you are representing:<br><u>LISNR, INC.</u>                                                                                                                                                                                                                                              |     |                                        |
| 4. Please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question 3.<br><u>CO-FOUNDER</u>                                                                                                                                                                              |     |                                        |
| (For those testifying on behalf of a Government entity, ignore these questions below)                                                                                                                                                                                                                                                                |     |                                        |
| 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, 2013:<br><u>NA</u>                                                                                                                        |     |                                        |
| 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, 2013, which exceeded 10% of the entities' revenues in the year received:<br><u>NA</u> |     |                                        |
| 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: <u>NO</u>                                                                                                                                                              | YES | NO <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                      |     |                                        |

Signature: 

Date: 11/14/2015