

**COMMITTEE ON NATURAL RESOURCES**  
**114<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g)(5)**

**Subcommittee on Indian, Insular and Alaska Native Affairs oversight hearing titled:**

*“Reviewing the economic impacts from the implementation of a Commonwealth-only worker program in the Northern Mariana Islands under Public Law 110-229.”*

September 13, 2016

**For Individuals:**

Name:  
Address:  
Email Address:  
Phone Number:

\* \* \* \* \*

**For Witnesses Representing Organizations:**

Name: Ralph DLG. Torres, Governor  
Name of Organization(s) You are Representing at the Hearing: Commonwealth of the Northern Mariana Islands  
Business Address: [REDACTED]  
Business Email Address: [REDACTED]  
Business Phone Number: [REDACTED]

\* \* \* \* \*

**For Nongovernment Witnesses ONLY:**

1. Please attach/include current curriculum vitae or resume.
  
2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract.
  
  
  
  
  
  
  
  
  
  
3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment.