



COMMITTEE ON EDUCATION AND THE WORKFORCE  
U.S. HOUSE OF REPRESENTATIVES

**Truth in Testimony Disclosure Form**

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Education and the Workforce require the disclosure of the following information by all witnesses appearing in a non-governmental capacity. A copy of this form should be attached to your written testimony and submitted to the Committee at least 48 hours prior to the hearing.

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| <p><b>1. Your Name (Please Print):</b></p> <p>Andrew J. Scoggin</p>  | <p><b>2. Organization(s) you are representing:</b></p> <p>Albertson's LLC</p> <p><input type="checkbox"/></p>   |
| <p><b>3. With respect to each of the entities listed in response to question 2, please briefly describe your position or representational capacity.</b></p> <p>Executive Vice President of Human Resources, Labor Relations, Public Relations &amp; Government Affairs</p> <p><input type="checkbox"/></p>   |   |
| <p><b>4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2013, related to the subject on which you have been invited to testify?</b></p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> No</p>  | <p><b>5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2013, related to the subject on which you have been invited to testify?</b></p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> No    <input type="checkbox"/> N/A</p> |
| <p><b>6. If you answered "yes" to either question 4 or 5, please list the amount and source (by agency and program) of each Federal grant or contract (including any subgrants and subcontracts), and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.</b></p> <p><input checked="" type="checkbox"/> N/A</p> |   |