United States House of Representatives
# Committee on Foreign Affairs

## "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 require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, as required by House rules.*

1. Date of Hearing: *9/6/2018*

2. Your Name: *Daniel Ciccarone*

3. Organization or organizations you are representing:

   *University of California San Francisco*

4. Since January 1, 2013, have you or your organization(s) received any Federal grants or contracts (including subgrants and subcontracts) related to the subject of the hearing or your representational capacity at the hearing? ■ Yes ☐ No *(select one)*

5. Since January 1, 2013, have you or your organization(s) received any contract or payment originating with a foreign government related to the subject of the hearing or your representational capacity at the hearing? ☐ Yes ■ No *(select one)*

6. If you answered "Yes" to either item 4 or 5, list the source and amount of each grant, contract, or payment. You may list additional grants, contracts, or payments on additional sheets.

   *NIH, National Institute on Drug Abuse grants:*
   *- Heroin Price and Purity Outcomes Study*
   *RO1 DA27599 (PI: Ciccarone) 02/01/2010 - 01/31/2015*
   *NIH / NIDA and NIAID $256,373 / year direct costs*
   *- Heroin in Transition*
   *RO1 DA037820-01A1(PI: Ciccarone) 2/01/2015 - 01/31/2020*
   *NIH / NIDA $598,002 / year direct costs*

7. Are you an active registrant under the Foreign Agents Registration Act (FARA)?
   ☐ Yes ■ No *(select one)*

Signature: Daniel Ciccarone

*Please attach a copy of this form to your written testimony.*

Clear Form