1. **Name:** ROBERT LAWRENCE REED, II

2. **Title:** DIRECTOR OF TRAUMA SERVICES

3. **Organization you are representing:** IU HEALTH METHODIST HOSPITAL

6. **Date of hearing:** AUGUST 6, 2013

5. **Any federal grants or contracts (including subgrants or subcontracts) which you, personally, have received since October 1, 2010, from Federal Agencies under the purview of the hearing, the source and the amount of each grant or contract: (attach additional pages as necessary).**

NONE

6. **Any federal grants or contracts (including subgrants or subcontracts) which were received since October 1, 2010, from Federal Agencies under the purview of the hearing by the organization(s) which you represent at this hearing, including the source and amount of each grant or contract: (attach additional pages as necessary)**

NONE

Signature of Witness: [redacted]

Your signature WILL NOT be posted to the Committee website.