Committee on Energy and Commerce
U.S. House of Representatives

Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1. Your Name: **Jerome M. Adams, MD, MPH**		
2. Your Title: **Indiana State Health Commissioner**		
3. The Entity(ies) You are Representing: **Indiana State Department of Health**		
4. Are you testifying on behalf of the Federal, or a State or local government entity?	**Yes** X	**No**
5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2013. Only grants, contracts, or payments related to the subject matter of the hearing must be listed.		
6. Please attach your curriculum vitae to your completed disclosure form.		

Signatur[redacted] **Date:** 5/17/2015