Enclosure 3

Committee on Science, Space, and Technology
U.S. House of Representatives
Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Jennifer Doudna		
2. Are you testifying on behalf of the Federal, or a State or local government entity?	**Yes**	**No** X
3. Are you testifying on behalf of an entity that is not a government entity?	**Yes**	**No** X
4. Other than yourself, please list which entity or entities you are representing: N/A		
5. Please list any Federal grants, cooperative agreements, or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2012: NSF individual research grant NIH P50 center grant for scientific research		
6. Please list any foreign government payments that you or the entity you represent have received on or after October 1, 2012: None		
7. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity(ies) you are representing: N/A		
8. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?	**Yes**	**No**
9. If the answer to the question in item 3 is "yes," please list any Federal grants, cooperative agreements, or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2012, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed:		

I certify that the above information is true and correct.

Signature: Jennifer Doudna **Date:** 6/10/15

Enclosure 4

False Statements Act Certification

You are specifically advised that providing false information to this Committee/Subcommittee, or concealing material information from this Committee/Subcommittee, is a crime, and you can be punished for that. If you acknowledge this, please sign the bottom of this form and return to the Committee. This form will be made part of the hearing record.

Jennifer Dunn
Witness signature

6/10/15
Date