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: FEBRUARY 5th 2020
2. Your Name: MUKUMBA, MOSES
3. Organization or organizations you are representing:
   CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT
4. In the current calendar year or either of the two previous calendar years, 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. In the current calendar year or either of the two previous calendar years, 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. Are you currently negotiating or awaiting approval to receive a contract with or payment from a foreign government related to the subject of the hearing or your representational capacity at the hearing? ☐ Yes ☒ No *(select one)*
7. If you answered "Yes" to either item 4, 5 or 6, list the source and amount of each grant, contract, or payment. You may list additional grants, contracts, or payments on additional sheets.
8. Are you an active registrant under the Foreign Agents Registration Act (FARA)?
   ☐ Yes ☒ No *(select one)*

Signature: _____

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