

Committee on Ways and Means
 Witness Disclosure Requirement -- "Truth in Testimony"
 Required by House Rule XI, Clause 2(g)

Your Name: John E. Jenrette MD		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). <i>California Association of Physician Groups (CAPG)</i> b. Briefly describe the capacity in which you represent this entity. <i>Chairman of the Board of Directors</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years: <div style="margin-left: 40px;"><i>SHARP COMMUNITY MEDICAL GROUP IS Recipient of a Pioneer ACO through CMS.</i></div>		
4. Please list any offices or elected positions you hold. <div style="text-align: center; margin-left: 100px;"><i>NONE</i></div>		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary. <div style="text-align: center; margin-left: 100px;"><i>NONE</i></div>		