

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

Your Name: Alfred J. Chiplin, Jr., Esq.		
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). Center for Medicare Advocacy, Inc. b. Briefly describe the capacity in which you represent this entity. Senior Policy Attorney, managing Attorney of Washington, D.C. office	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you have received during the current fiscal year or either of the two previous fiscal years: <div style="text-align: center; font-size: 1.5em; font-family: cursive;">N/A</div>		
4. Please list any offices or elected positions you hold. <div style="text-align: center; font-size: 1.5em; font-family: cursive;">N/A</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; font-size: 1.5em; font-family: cursive;">N/A</div>		

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Name: Alfred J. Chiplin, Jr., Esq.
Address: 1025 Connecticut Ave NW. Ste 709
Washington, D.C. 20036

Signature: Alfred J. Chiplin, Jr.

Date: 5/7/12