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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 01/01/2006
2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Tarplin, Downs & Young, LLC
Address 1212 New York Avenue, N.W. Suite 1050
City Washington State DC Zip 20005 USA
4. Principal place of business (if different than line 3)
City _____ State _____ Zip _____
5. Telephone number and contact name
202-898-4733 Contact Ms. Jennifer B. Young E-mail jyoung@tdyllc.com
6. General description of registrant's business or activities
Consulting Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name Healthcare Distribution Management Association
Address 901 North Glebe Road Suite 1000
City Arlington State VA Zip 22203 USA
8. Principal place of business (if different than line 7)
City Reston State VA Zip 20190 USA
9. General description of client's business or activities
Health Care

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name | Covered Official Position (if applicable) |
|-------------------|---|
| Raissa H. Downs | |
| Linda E. Tarplin | |
| Jennifer B. Young | |
| | |
| | |
| | |

0000043445



Registrant Name Tarplin, Downs & Young, LLC

Client Name Healthcare Distribution Management Assoc

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

BUD

MMM

PHA

12. Specific lobbying issues (current and anticipated)

licensure issues, importation of prescription drugs

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?



No ⇒ Go to line 14.



Yes ⇒

Complete the rest of this section for each entity matching t criteria above, then proceed to line 14.

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|--|
| | | |

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activ the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of t lobbying activity?



No ⇒ Sign and date the registration.



Yes ⇒

Complete the rest of this section for each entity matching the criteria above, then sign and date t registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ow perc in |
|------|---------|--|---|------------------|
| | | | | |

Signature

Printed Name and Title Jennifer B. Young - Partner

Date

Feb 9, 2006

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