Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE
06 JUN 22 AM 9:42

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 12/15/200

2. House Identification Number 30974-060

Senate Identification Number 38164-936

REGISTRANT

3. Registrant name Timmons and Company, Inc.

Address 1875 Eye Street, NW Suite 400

City Washington State DC Zip 20006 USA

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name

202-331-1760 Contact Mr. Michael J. Bates E-mail mb@timmonsandco.com

6. General description of registrant's business or activities

Government Relations and Lobbying 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 State Zip

9. General description of client's business or activities

Healthcare product distribution.

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)
Michael J.	Bates	
Bryce L.	Harlow	
John J.	Kelliher	
Joab	Lesesne	
Ginger	Loper	

1960161423

Registrant Name Timmons and Company, Inc. Client Name Healthcare Distribution Management Asso

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Medicaid pharmacy reimbursement provisions; H.R. 4241; S. 1932.

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 th registration.

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

Signature Michael J. Bates /ka Date December 15, 20

Printed Name and Title Michael J. Bates

LD-1DS (Rev. 1/09)

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Registrant Name Timmons and Company, Inc. Client Name Healthcare Distribution Management Asso

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
Richard J.	Tarplin		
William E.	Timmons	Sr.	
William E.	Timmons	Jr.	
Dan	Turton		

ADDITIONAL LOBBYING ISSUES

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

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

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow percenta

Signature _____ Date _____

Printed Name and Title Michael J. Bates

LD-1DS (Rev. 4/6)

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