



LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

DEC 21 2018

1. Lobbyist Name
 Rob Makin Consulting

Permanent Business Address
 1940 5th Avenue West

Business Telephone Numbers
 Permanent (206) 282.5700
 Temporary ()

City State Zip
 Seattle WA 98119

Cell Phone () or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
 rob@rgmakin.com

3. Employer's name and address (person or group for which you lobby)
 Washington Wholesale Druggist Association
 ATTN: Rita Norton (AmerisourceBergen)
 412 1st Street SE Ste 200
 Washington, DC 20003

Employer's occupation, business or description of purpose of organization
 Health Care; Products

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)

Rob Makin

E-Mail Address
 rob@rgmakin.com

5. What is your pay (compensation) for lobbying?
 \$ 2,500 per month
 (hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

Full time employee Sole duty is lobbying
 Part time or temporary employee Lobbying is only a part of other duties
 Contractor, retainer or similar agreement
 Unsalairied officer or member of group

6. Are you reimbursed for lobbying expenses? Explain which expenses.

Yes: \$ _____ per _____
 Yes: I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.

7. How long do you expect to lobby for this organization?

Permanent lobbyist Only during legislative session Other, Explain:

8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

No Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.
 Yes.. The list is of parties attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

No Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

Rob Makin

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

| | | | |
|-----------------------------|---|-----------------------------|------------------|
| CODE | SUBJECT | CODE | SUBJECT |
| 01 <input type="checkbox"/> | Agriculture | 09 x | Health Care |
| 02 x | Business and consumer affairs | 10 <input type="checkbox"/> | Higher education |
| 03 <input type="checkbox"/> | Constitutions and elections | 11 <input type="checkbox"/> | Human services |
| 04 <input type="checkbox"/> | Education | 12 <input type="checkbox"/> | Labor |
| 05 <input type="checkbox"/> | Energy and utilities | 13 <input type="checkbox"/> | Law and justice |
| 06 <input type="checkbox"/> | Environmental affairs - natural resources - parks | 14 <input type="checkbox"/> | Local government |
| 07 <input type="checkbox"/> | Financial institutions and insurance | 15 x | State government |
| 08 x | Fiscal | 16 <input type="checkbox"/> | Technology |
| | | 17 <input type="checkbox"/> | Transportation |
| | | 18 <input type="checkbox"/> | Other - Specify: |

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE DATE EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE

Rob Makin 12/7/18 *Rita E. Norton* Rita E. Norton SVP, Government & Public Policy