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



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	Effective Date of Registration		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name The Cormac	Group, L.L.P.		
Address 1900 M STREET	NN SUITE 720		
City Washington	State DC Zip 20036		
4. Principal place of business (if different from line 3) City			
5. Telephone number and contact name (202) 467 - 4700 Conta	act Beth Eichberger E-mail (optional)		
6. General description of registrant's business or activ	ities		
_Consulting and Lobby			
CLIENT A Lobbying firm is required to file a separate reg labeled "Self" and proceed to line 10. 7. Client name $H_{550Cation}$ of			
Address 50 F STAEET, City Washington			
8. Principal place of business (if different from line 7) City			
9. General description of client's business or activities Transportation	š		
LOBBYISTS 10. Name of each individual who has acted or is expect this section has served as a "covered executive br	ed to act as a lobbyist for the client identified on line 7. If any perso ranch official" or "covered legislative branch official" within two yewe and/or legislative position(s) in which the person served.		
Name	Covered Official Position (if applicable		
John Timmons			
Form I D. I / Pay. 06/095			

Registrant Name / he C	ormac Group	Client Name HSSOCIATION	of 1-Imerica	<u>m</u>
LOBBYING ISSUE 11. General lobbying issue an RRR TRA	i.	codes listed in instructions and on the	reverse side of Form LI)-1,
12. Specific lobbying issues of Economic My Tay Security & I	(current and anticipated) Lateou Lat	erolopust		
AFFILIATED ORGA 13. Is there an entity other t	ANIZATIONS than the client that contr	ibutes more than \$10,000 to the loart plans, supervises or controls the	obbying activities of the registrant's lobbying	le re
M No ⇒ Go to line	14.	Yes Complete the rest of thi the criteria above, ther		ty m
Name		Address	Principal Place of Bu (city and state or co	
b) directly or ind activities of th	ity that: 20% equitable ownership irectly, in whole or in mane client or any organiza	p in the client or any organization najor part, plans, supervises, contr ation identified on line 13; or nization identified on line 13 and	ols, directs, finances o	r su
of the lobbying No ⇒ Sign and date	g activity?	☐ Yes		ach
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	P ii
Signature 4 Printed Name and Title	John Tin	Date Principal	7 7	<u> </u> '

Form I Dut (Date inc/00)