

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
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SEC

05

**LOBBYING REPORT****Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page**

<b>1. Registrant name</b>			
Organization		C. BAKER CONSULTING, INCORPORATED	
<b>2. Address</b> <input type="checkbox"/> Check if different than previously reported			
Address 1		1399 NEW YORK AVENUE, N.W. SUITE 550	
City	WASHINGTON	State	DC
Zip Code	20005	Country	USA
<b>3. Principal place of business (if different than line 2)</b>			
City		State	
Zip Code		Country	
<b>4a. Contact Name</b>		<b>b. Telephone number</b>	<b>c. E-mail</b>
Prefix	Full Name		
Mr.	CALEB BAKER	202-207-3663	
<b>7. Client Name</b> <input type="checkbox"/> Self			<b>5. Senate ID #</b>
ALLISON TRANSMISSION DIVISION OF GENERAL MOTORS			53163-24
			<b>6. House ID #</b>
			34947001

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇒ Termination Date \_\_\_\_\_ 11. No Lobbying Activity ☐

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions on Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Co

Printed Name and Title CALEB BAKER, PRESIDENT



Client Name **ALLISON TRANSMISSION DIVISION**

15. General issue area code DEF - Defense (one per page)

Add page to continue specific issues description for this issue

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

OFFICE OF THE SECRETARY OF DEFENSE AND MILITARY DEPARTMENTS

**18. Name of each individual who acted as a lobbyist in this issue area** *Add a page to continue adding lobbyists for this issue area*

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Filing #0f54bf77-ee97-4aa8-89f0-9646c6aea22f - Page 3 of 6



Registrant Name C. BAKER CONSULTING, INCORPORATED Client Name ALLISON TRANSMISSION DIVISION

**Information Update Page - Complete ONLY where registration information has changed.**

**20. Client new address**

Address

City State Zip Code Country

**21. Client new principal place of business (if different than line 20)**

City State Zip Code Country

**22. New general description of client's business or activities**

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client**

First Name Last Name Suffix First Name Last Name Suffix

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

**24. General lobbying issues that no longer pertain**

**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1

2

3

**FOREIGN ENTITIES**

**27. Add the following foreign entities**

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc cler
	Street Address City State/Province Country	City State Country		

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, affiliated organization**

1

3

5

2

4

6

Add a page for more

Printed Name and Title CALEB BAKER, PRESIDENT

