

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	1. Effective Date of Registration TANDARY				
2. House Identification Number	Senate Identification Number				
REGISTRANT 3. Registrant name MC551CK&A	issociates, LLC				
Address 8964 Abbey	Terrace				
City Potomac	State Md Zip 2685°				
4. Principal place of business (if different from line 3 City) State/Zip (or Country)				
5. Telephone number and contact name (2014—1289—9881 Cont	act NEIL MESSICK E-mail (optional)				
6. General description of registrant's business or active GOUGNIHEST RELATIONS	ONS CONSULTING				
	gistration for each client. Organizations employing in-house lobbyists should c				
1abeled "Self" and proceed to line 10. 7. Client name THE LIVINGST	SON GROUP, L. G.C.				
Address 499 South Cap	ital Street, SW Svite 6.				
City WASHINGTON	State DC Zip Z6603				
8. Principal place of business (if different from line 7 City	7) State/Zip (or Country)				
9. General description of client's business or activitien 660ECWMENT AFFA	P C ,				
LOBBYISTS					
this section has served as a "covered executive l	cted to act as a lobbyist for the client identified on line 7. If any poranch official" or "covered legislative branch official" within two tive and/or legislative position(s) in which the person served.				
Name	Covered Official Position (if applic				
NEIL T. MESSICK	N/A				

in the state of th	a sale of the sale		
Form LD-I (Rev. 06/98)	•••	··	 $\frac{1}{S}$

LOBBYING ISSUE 11. General lobbying issue at FIN TAX		applicable codes lis	ted in instructions and or	the rever	se side of Form LI	
12. Specific lobbying issues SECURITIES AA	(current and ant	icipated)				
AFFILIATED ORG 13. Is there an entity other a semiannual period an □ No ⇒ Go to line	than the client d in whole or i	that contributes in major part plan	more than \$10,000 to the state of the state	ols the reg	gistrant's lobbyit	
Name					then proceed to line 14. Principal Place of B	
ESTMENT CO NITITUTE		Address		(city and state or		
FOREIGN ENTITI		- 1.				
14. Is there any foreign ena) holds at least	tity that: : 20% equitable directly, in wh the client or ar	ole or in major p ny organization id	e client or any organiza art, plans, supervises, o lentified on line 13; 01 on identified on line 13	controls, c	lirects, finances	
c) is an affiliate	ng activity?	tion.	Yes Complete matching registration	the criteri	f this section for a above, then sig	

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Signature /

Date FEBRUAR

Printed Name and Title NEIL T. MESSICK, PRESIDENT

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