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LOBBYING REPORT

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

1. Registrant name
Messick & Associates

2. Address Check if different than previously reported
**8904 Abbey Terrace
Potomac MD 20854 US**

3. Principal place of business (if different than line 2)
City: _____ State/Zip or Country: _____

| | | | |
|--|--|--|-----------------------------------|
| 4a. Contact Name Mr. Neil Messick | b. Telephone number 202-289-9881 | c. E-mail nmessick@livingstongroupdc.com | 5. Senate ID # 293574-4 |
| 7. Client Name <input type="checkbox"/> Self Keep The Change LLC | 6. House ID # 3735400 | | |

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|---|
| <p>12. Lobbying Firms</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>40,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |
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Edit Form >

Signature _____ Date _____

Printed Name and Title Neil T. Messick, Consultant

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: Form LD-2 Filing Verification



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