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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 01/01/2

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name McAllister & Quinn LLC

Address 601 13th Street, NW, Suite 1000 South

City Washington State DC Zip 20005-3807

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name

(202) 661-7673 Contact Mr. Andrew Quinn E-mail aquinn@jm-aq.com

6. General description of registrant's business or activities

Lobbying Firm

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check t*
labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name Constellation Energy

Address 1301 Pennsylvania Avenue, NW Suite 1050

City Washington State DC Zip 20004

8. Principal place of business (if different than line 7)

City State Zip

9. General description of client's business or activities

Energy Company - involved in the generation and distribution of electricity

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any perso section has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name		Covered Official Position (if applicable)
John	McAllister	
Andrew	Quinn	
Steve	Scango	

Registrant Name McAllister & Quinn LLC Client Name Constellation Energy

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1.

ENG

12. Specific lobbying issues (current and anticipated)

General Government Relations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant i a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes⇨ Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Address	Principal place of Busi (city and state or cou

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcom lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes⇨ Complete the rest of this section for each e matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature _____ Date 11/10/05

Printed Name and Title Andrew Quinn