

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Mar 01, 2007

2. House Identification Number 34980

Senate Identification Number 54197-1002045

## REGISTRANT

3. Registrant Name: QUINN GILLESPIE & ASSOC  
Address: 1133 Connecticut Avenue, NW 5th Floor  
City: Washington State: DC Zip: 20036

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

5. Telephone number and contact name:  
2024571110 Contact: KATIE NEAL  
E-mail(optional): kneal@qga.com

6. General description of registrant's business or activities:  
Consulting / Lobbying

## CLIENT

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

Self

7. Client name: COALITION TO ADVANCE HEALTHCARE REFORM  
Address: 1133 CONNECTICUT AVENUE, NW, 5TH FLOOR  
City: WASHINGTON State: DC Zip: 20036

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

9. General description of client's business or activities:  
Advocating and Advancing Healthcare Reform

## 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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: CONNAUGHTON, JEFF  
Covered Official Position (if applicable): N/A  
Name: GILES, ALLISON  
Covered Official Position (if applicable): CHIEF OF STAFF, HOUSE WAYS & MEANS COMMITTEE  
Name: GILLESPIE, ED  
Covered Official Position (if applicable): N/A  
Name: HOGAN, ELIZABETH  
Covered Official Position (if applicable): SPECIAL ASSISTANT, DEPARTMENT OF COMMERCE  
Name: HOGUE DUFFY, BONNIE  
Covered Official Position (if applicable): N/A  
Name: HOPPE, DAVE  
Covered Official Position (if applicable): N/A  
Name: HUSSEY, MIKE  
Covered Official Position (if applicable): N/A  
Name: JAMES MELVIN, HARRIET  
Covered Official Position (if applicable): N/A  
Name: KAYES, KEVIN  
Covered Official Position (if applicable): CHIEF COUNSEL, SENATOR REID  
Name: LAMPKIN, MARC  
Covered Official Position (if applicable): N/A

Registrant Name: QUINN GILLESPIE & ASSOC Client Name: COALITION TO ADVANCE HEALTHCARE REFORM

Name: LUGAR, DAVID  
Covered Official Position (if applicable): N/A  
Name: MADUROS, NICK  
Covered Official Position (if applicable): N/A  
Name: MCCANNELL, CHRIS  
Covered Official Position (if applicable): CHIEF OF STAFF, CONGRESSMAN JOE CROWLEY  
Name: ORTIZ, MANUEL  
Covered Official Position (if applicable): N/A  
Name: QUINN, JOHN  
Covered Official Position (if applicable): N/A

## LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated):

Healthcare Reform

## AFFILIATED ORGANIZATIONS

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

No, then go to line 14.

Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

## 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 activities of 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 outcome of the lobbying activity?

No, then sign and date the registration.

Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: May 08, 2007

Printed Name and Title: -