Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration **2/1/2005**

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **Quinn Gillespie & Associates**

Address **1133 Connecticut Ave. NW** **5th Floor**

City **Washington** State **DC** Zip **20036**

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

City State/Zip (or Country)

5. Telephone number and contact name Contact E-Mail (optional)

Andrew Poe **apoe@quinngillespie.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 labeled "Self" and proceed to line 10. ☐ Self

7. Client Name **Coalition to Insure Against Terrorism (CIAT)**

Address **1875 Eye Street, NW** **Suite 600**

City **Washington** State **DC** Zip **20006**

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

City State/Zip (or Country)

9. General description of client's business or activities

Coalition of businesess and organizations representing business insurance policyholders.

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 liste 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 this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Bruce Andrews	
Jeff Connaughton	
Mike Hacker	**Communications Dir. (Rep. John Dingell)**
Dave Hoppe	

Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Coalition to Insure Against Terrorism (CIAT)**

Item	Description	Data
10a	Lobbyist Name	Michael Hussey
10b	Covered Official Postion	
10a	Lobbyist Name	Scott Hynes
10b	Covered Official Postion	
10a	Lobbyist Name	Juan Carlos Iturregui
10b	Covered Official Postion	
10a	Lobbyist Name	Harriet James Melvin
10b	Covered Official Postion	
10a	Lobbyist Name	Marc Lampkin
10b	Covered Official Postion	
10a	Lobbyist Name	Dave Lugar
10b	Covered Official Postion	
10a	Lobbyist Name	Nicolas Maduros
10b	Covered Official Postion	
10a	Lobbyist Name	Manuel Ortiz
10b	Covered Official Postion	
10a	Lobbyist Name	John M. Quinn
10b	Covered Official Postion	
10a	Lobbyist Name	Marti Thomas
10b	Covered Official Postion	

Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Coalition to Insure Against Terrorism (CIAT)**

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.

INS

12. Specific lobbying issues (current and anticipated)

Passage of terrorism insurance plan
Implementation of Terrorism Insurance Protection Act of 2002.

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 semiannual period and in whole or 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 matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or cour
National Assoc. of Real Estate Investment Trusts **The Real Estate Roundtable**	**1875 Eye Street NW Suite 600 Washington, DC 20006 USA** **1420 New York Avenue, NW Suite 1100 Washington, DC 20005 USA**	

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. Sign and date the registration. ☐ Yes. Complete the rest of this section for each entity matching criteria above, the sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contributior for lobbying activities

Signature _____ Date **3/1/2005**

Printed Name and Title **Andrew Poc - Staff Assistant**