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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 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@quinn-gillespie.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 businesses 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 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 this client, state the executive and/or legislative position(s) in which the person served.

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

Registrant Name: Quinn Gillespie & AssociatesClient 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 Maduro
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 & AssociatesClient 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 planImplementation 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 Business (city and state or country)
National Assoc. of Real Estate Investment Trusts	1875 Eye Street NW Suite 600 Washington, DC 20006 USA	
The Real Estate Roundtable	1420 New York Avenue, NW Suite 1100 Washington, DC 20005 USA	

FOREIGN ENTITIES

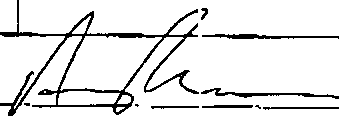
14. Is there any foreign entity that:

- 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, then sign and date the registration.

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

Signature

Date 3/1/2005

Printed Name and Title

Andrew Poe - Staff Assistant

