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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 10/15/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant Name Quinn Gillespie & AssociatesAddress 1133 Connecticut Ave. NW 5th FloorCity 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 Poeapoe@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 Fairchild Properties, Ltd.Address 20 East 46th StreetCity New York State NY Zip 10017

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

A holding company that focuses on building projects.**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>Dave Hoppe</u>	<u>No</u>
<u>Marc Lampkin</u>	<u>No</u>

Registrant Name: Quinn Gillespie & AssociatesClient Name: Fairchild Properties, Ltd.**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.

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12. Specific lobbying issues (current and anticipated)

General representation for Payton Lane Nursing Home.**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)

FOREIGN ENTITIES

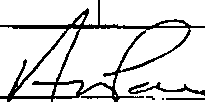
14. Is there any foreign entity that:

- 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 2/4/2005

Printed Name and Title

Andrew Poe - Staff Assistant

