

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

03 AUG 15 AM 11:29

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 4/1/2003
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)
202-457-1110 **Loren Raszick** **lraszick@quinnngillespie.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 labeled "Self" and proceed to line 10. ☐ Self

7. Client Name **Municipality of San Juan**
Address **Commonwealth of Puerto Rico** **P.O. Box 9024100**
City **San Juan** State _____ Zip **00902-4100** **Puerto Rico**
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____
9. General description of client's business or activities
Commonwealth of Puerto Rico

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)
Bruce Andrews	
Jeff Connaughton	
Dave Hoppe	

Registrant Name: Quinn Gillespie & Associates

Client Name: Municipality of San Juan

Item	Description	Data
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	

Ed Gillespie
ashley Melvin

Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Municipality of San Juan**

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.

BUD, ECN, HCR

12. Specific lobbying issues (current and anticipated)

Review of funding possibilities for homeland security.

Financial and technical assistance from HHS.

Monitor legislative activity affecting local governments and formula allocations.

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 the 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 the criteria above, the sign and date the registration.

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

Signature _____

Date **8/12/2003**

