

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Feb 09, 2006

2. House Identification Number \_\_\_\_\_

Senate Identification Number 54197-2385

### REGISTRANT

3. Registrant Name: QUINN GILLESPIE & ASSOCIATES  
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:  
(202) 457-1110 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: ACUTE LONG TERM HOSPITAL ASSOCIATION  
Address: 625 SLATERS LANE, SUITE 302  
City: ALEXANDRIA State: VA Zip: 22314

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

9. General description of client's business or activities:  
Hospitals that provide highly specialized care for critically ill patients

### 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: ANDREWS, BRUCE

Covered Official Position (if applicable):

Name: CONNAUGHTON, JEFF

Covered Official Position (if applicable):

Name: GILLESPIE, ED

Covered Official Position (if applicable):

Name: HACKER, MIKE

Covered Official Position (if applicable): COMMUNICATIONS DIRECTOR, REP. DINGELL

Name: HOGAN, ELIZABETH

Covered Official Position (if applicable): SPECIAL ASSISTANT, DEPARTMENT OF COMMERCE

Name: HOPPE, DAVE

Covered Official Position (if applicable):

Name: HUSSEY, MIKE

Covered Official Position (if applicable):

Name: JAMES MELVIN, HARRIET

Covered Official Position (if applicable):

Name: JENSEN CUNIFFE, AMY

Covered Official Position (if applicable): SPECIAL ASST TO THE PRESIDENT FOR LEG. AFFAIRS

Name: LAMPKIN, MARC

Covered Official Position (if applicable):

Registrant Name: QUINN GILLESPIE & ASSOCIATES Client Name: ACUTE LONG TERM HOSPITAL ASSOCIATION

Name: LUGAR, DAVID  
Covered Official Position (if applicable):  
Name: MADUROS, NICK  
Covered Official Position (if applicable):  
Name: MORRELL, JIM  
Covered Official Position (if applicable):  
Name: ORTIZ, MANUEL  
Covered Official Position (if applicable):  
Name: QUINN, JOHN  
Covered Official Position (if applicable):  
Name: THOMAS, MARTI  
Covered Official Position (if applicable):

## 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:

MMM

12. Specific lobbying issues (current and anticipated):

Perspective Payment Systems for Long Term Care Hospitals

## 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: Mar 22, 2006

Printed Name and Title: KATIE NEAL, STAFF ASSISTANT -