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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

SECRETARY OF THE SENATE
03 APR 29 AM 11:55

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 **34980049** Senate Identification Number **54197-773**

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@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 c
labeled "Self" and proceed to line 10. ☐ Self

7. Client Name **Northwestern Mutual Life Insurance Co.**

Address **720 East Wisconson Avenue**

City **Milwaukee** State **WI** Zip **53202**

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

City State/Zip (or Country)

9. General description of client's business or activities

Insurance company.

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	
Ed Gillespie	

Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Northwestern Mutual Life Insurance Co.**

Item	Description	Data
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Scott Hynes**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Harriet James Melvin**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Marc Lampkin**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Dave Lugar**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Nicolas Maduros**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Ashley Meece**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**John M. Quinn**
10a 10b	**Lobbyist Name** **Covered Official Postion**	**Marti Thomas**

Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Northwestern Mutual Life Insurance Co.**

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.

TAX

12. Specific lobbying issues (current and anticipated)

General tax representation.

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 th criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or countr

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 tl 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 4/13/2003

Logan Bagsial, Staff Assistant

Printed Name and Title Loren Kaszick - Staff Assistant

Form LD-1 (Rev. 06/98)