

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
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SECRETARY OF THE SENATE  
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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 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@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 check labeled "Self" and proceed to line 10.  Self*

7. Client Name **Partnership to Protect Consumer Credit**  
Address **919 18th Street NW** **Suite 300**  
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

**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)
<b>Bruce Andrews</b>	
<b>Jeff Connaughton</b>	
<b>Ed Gillespie</b>	



Registrant Name: **Quinn Gillespie & Associates**

Client Name: **Partnership to Protect Consumer Credit**

Item	Description	Data
9	General description of client's...	Organization devoted to protecting consumers' rights to financial services and credit, as well as credit-based transactions for businesses through the national consumer credit system.
10a	Lobbyist Name	Scott Hynes
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	Ashley Meece
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 & Associates**

Client Name: **Partnership to Protect Consumer Credit**

**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.

**BAN**

12. Specific lobbying issues (current and anticipated)

**Reauthorization of the Fair Credit Reporting Act**

**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:

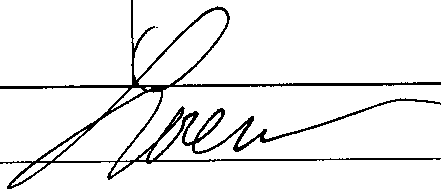
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is 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 **4/11/2003**

Printed Name and Title

LOREN KASZICK - Staff Assistant

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Form LD-1 (Rev. 06/98)

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