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

Secretary of the Senate
Received: Jun 27, 2006

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Jun 30, 2006

2. House Identification Number ____

Senate Identification Number 54197-2691

REGISTRANT

3. Registrant Name: QUINN GILLESPIE & ASSOC
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:
2024571110 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: NEUROCHEM INC.
Address:
City: State: Zip:

8. Principal place of business (if different from line 7):
City: State/Zip(or Country): CANADA

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 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, JEFFREY
Covered Official Position (if applicable):
Name: GILLESPIE, ED
Covered Official Position (if applicable):
Name: HACKER, MIKE
Covered Official Position (if applicable):
Name: HOGAN, ELIZABETH
Covered Official Position (if applicable): SPECIAL ASSISTANT, DEPT. 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 CUNNIFE, AMY
Covered Official Position (if applicable): SPECIAL ASST TO THE PRESIDENT FOR LEG. AFFAIRS
Name: LAMPKIN, MARC
Covered Official Position (if applicable):

Name: LUGAR, DAVE
Covered Official Position (if applicable):
Name: MADUROS, NICOLAS
Covered Official Position (if applicable):
Name: ORTIZ, MANUEL
Covered Official Position (if applicable):
Name: QUINN, JOHN M.
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:

HCR

12. Specific lobbying issues (current and anticipated):

Educating members of Congress and the Administration about AA Amyloidosis and its treatments.

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 periodin 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: Jun 27, 2006

Printed Name and Title: KATIE NEAL, STAFF ASSISTANT -