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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 4/11/2005

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT3. Registrant Name Quinn Gillespie & AssociatesAddress 1133 Connecticut Ave, NW 5th FloorCity 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)

Andrew Poe apoe@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 labeled "Self" and proceed to line 10.* Self7. Client Name Alliance for Quality Nursing Home CareAddress One Beacon StreetCity Boston State MA Zip 02108

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

Coalition of national nursing providers.**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)
<u>Bruce Andrews</u>	
<u>Jeff Connaughton</u>	
<u>Ed Gillespie</u>	
<u>Mike Hacker</u>	<u>Communications Dir. (Rep. John Dingell)</u>

Registrant Name: Quinn Gillespie & AssociatesClient Name: Alliance for Quality Nursing Home Care

Item	Description	Data
10a 10b	Lobbyist Name Covered Official Postion	Terry Holt
10a 10b	Lobbyist Name Covered Official Postion	Dave Hoppe
10a 10b	Lobbyist Name Covered Official Postion	Michael Hussey
10a 10b	Lobbyist Name Covered Official Postion	Scott Hynes
10a 10b	Lobbyist Name Covered Official Postion	Juan Carlos Iturregui
10a 10b	Lobbyist Name Covered Official Postion	Harriet James Melvin
10a 10b	Lobbyist Name Covered Official Postion	Amy Jensen Cunniffe Spec. Assist. to the President for Leg. Affairs
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 Maduro
10a 10b	Lobbyist Name Covered Official Postion	Mannel Ortiz
10a 10b	Lobbyist Name Covered Official Postion	John M. Quinn
10a 10b	Lobbyist Name Covered Official Postion	Marti Thomas

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Registrant Name: Quinn Gillespie & Associates

Client Name: Alliance for Quality Nursing Home Care

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)

General representation on healthcare issues.

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 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 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 6/3/2005

Printed Name and Title

Andrew Poe - Staff Assistant

