

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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02 APR -3 PM 2:30

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration JANUARY 1

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name MARISA A. QUINN

Address BOX 1920 BROWN UNIVERSITY

City PROVIDENCE State RT Zip 02912

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
401-863-1632 Contact _____ E-mail (optional) MARISA

6. General description of registrant's business or activities
GOVERNMENT RELATIONS

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 BROWN UNIVERSITY

Address _____
City PROVIDENCE State RT Zip 02912

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

9. General description of client's business or activities HIGHER EDUCATION

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>MARISA A. QUINN</u>	



Registrant Name MARISA QUINN Client Name BROWN UNIVERSITY

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

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12. Specific lobbying issues (current and anticipated)

STUDENT AID RESEARCH ISSUES
APPROPRIATIONS
ACADEMIC MEDICINE

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying acti

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity ma the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busines: (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 sub 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 o of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each e matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Overpe in

Signature Marisa Quinn Date 3/20/02
 Printed Name and Title MARISA A. QUINN DIRECTOR, COMMUN
GOVERNMENT REL

BROWN UNIV

