Clark of the House of Representatives ! Secretary of the Senate Legislative Resource Center 8-106 Cannon Building Washington, DC 20515

Office of Public Records
232 Hart Building
Washington, DC 20510

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SECRETARY OF THE SENATE 00 FEB -9 AH 11: 13 H.D.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	Effective Date of Registration			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name GPC/O'Neill &	Associates			
Address 1020 16th Stre	et NW Suite 400			
City Washington	State DC Zip 20036			
Principal place of business (if different from li City	ne 3) State/Zip (or Country)			
5. Telephone number and contact name () 202/861-5899	Contact Patrick Nee E-mail (optional)			
6. General description of registrant's business or Consulting				
CLIENT A Lobbying firm is required to file a separal labeled "Self" and proceed to line 19. 7. Client name Fidelity Investme	are registration for each cliens. Organizations employing in-hause tobbytsts should check the bas Self			
Address 82 Devonshire Str				
Ciw Boston	State MA Zip 02109-3614			
8. Principal place of business (if different from l City	line 7) State/Zip (or Country)			
9. General description of chient's business or act Financial Service	tivities 18			
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, stare the executive and/or legislative position(s) in which the person served. Name				
John D. Cahili				
Daniel Crann	1			
Andrew Paven				
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tegistrant Name_GPC/O'Ne	ill & Assts.	Clicat Name_Fidelity I	nvestments	
LOBBYING ISSUES	5 11	de codes listed in instructions and o	the reverse side of Form LD-	1, page 1.
12. Specific lobbying issues (c	rurrent and anticipated) _	:	
Banking, Legisl	ative Marketi	ing	:	
	#1 #1			
AFFILIATED ORGA 3. Is there an entity other the a semiannual period and	an the client that co	ntributes more than \$10,000 to it part plans, supervises or conti	the lobbying activities of the rols the registrant's lobbying	registrant in activities?
X No ⇒ Go to line	14.	-	of this section for each entity, then proceed to line 14.	matching
Name	. !	Address	Principal Place of Business (city and state or country)	
	######################################			
b) directly or ind activities of the	ty that:	rship in the client or any organi in major part, plans, supervises, nization identified on line 13; 0 rganization identified on line 1	controls, directs, finances of	rsubsidizes
No ⇒ Sign and date	e the registration.		the rest of this section for e the criteria above, then sign on.	
Name	Address	Principal place business (city and state or co	contribution for	Ownership percentage in client
	######################################		**	
Signature Mh	Dah	1	Date 2/8/00	
Printed Name and Title	Vreh	wideof	1	
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