

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

SECRETARY OF THE SENATE

02 FEB 14 PM 5:

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Quinn Gillespie & Associates LLC			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1133 Connecticut Ave. NW 5th Floor City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Loren Raszick	Telephone 202-457-1110	E-mail (optional) lraszick@quinnngillespie.com	5. Senate ID # _____
7. Client Name <input type="checkbox"/> Self Northwestern Mutual Life Insurance Co.			6. House ID # 34980049

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report ☐

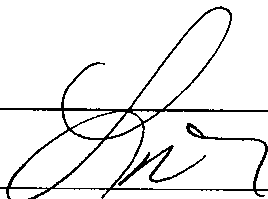
10. Check if this is a Termination Report ☐ >> Termination Date _____

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$80,000.00</u> Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definiti <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code
---	---

Signature



Date 1/30/2002



Registrant Name: Quinn Gillespie & Associates LLC

Client Name: Northwestern Mutual Life Insurance Co.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific Lobbying issues
General government representation.

17. House(s) of Congress and Federal agencies contacted
Department of ~~_____~~ *Treasury*
House of Representatives
Senate

☐ Check if None

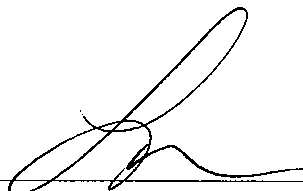
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Andrews, Bruce	
Connaughton, Jeff	
Gillespie, Ed	
Hynes, Scott	
James, Harriet	
Lampkin, Marc	
Lugar, Dave	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 1/30/2002

[REDACTED]

Registrant Name: Quinn Gillespie & Associates LLC

Client Name: Northwestern Mutual Life Insurance Co.

Item	Description	Data
18a	Lobbyist Name	Maduros, Nicolas
18b	Covered Official Position	
18c	New Lobbyist	No
18a	Lobbyist Name	Meece, Ashley
18b	Covered Official Position	
18c	New Lobbyist	No
18a	Lobbyist Name	Quinn, John M.
18b	Covered Official Position	
18c	New Lobbyist	No
18a	Lobbyist Name	Thomas, Marti
18b	Covered Official Position	
18c	New Lobbyist	No



Registrant Name: Quinn Gillespie & Associates LLC

Client Name: Northwestern Mutual Life Insurance Co.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Simmons, Kyle

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

INS

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature _____

Date 1/30/2002

[REDACTED]