

335 212

OMB APPROVAL
OMB Number: 3235-0076
Expires: October 31, 2008
Estimated average burden hours per response: 4.00

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

Gannett Fleming Affiliates, Inc.

Jurisdiction of Incorporation/Organization

Delaware

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s)

None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

1105 North Market Street

City

Wilmington

State/Province/Country

Delaware

Street Address 2

Suite 1300

ZIP/Postal Code

19801

Phone No.

302-651-8300

PROCESSED

Item 3. Related Persons

Last Name

Stout

First Name

William

Middle Name

M

DEC 16 2008

THOMSON REUTERS

Street Address 1

207 Senate Avenue

City

Camp Hill

State/Province/Country

PA

Street Address 2

ZIP/Postal Code

17011



08065554

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary)

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Business Services
- Construction
- Banking and Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
- Energy
 - Electric Utilities
 - Energy Conservation
 - Coal Mining
 - Environmental Services
 - Oil & Gas
 - Other Energy
- REITS & Finance
- Residential
- Other Real Estate
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Manufacturing
- Real Estate
 - Commercial
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input checked="" type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe) |

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ **

Item 12. Sales Compensation

Recipient: No commissions are paid. Recipient CRD Number: [] No CRD Number

(Associated) Broker or Dealer: [] None. (Associated) Broker or Dealer CRD Number: [] No CRD Number

Street Address 1: [] Street Address 2: []

City: [] State/Province/Country: [] ZIP/Postal Code: []

States of Solicitation: [] All States. [] AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] HI [] ID [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MS [] MO [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] OR [] PA [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] WY [] PR

(Identify additional person(s) being paid compensation by checking this box [] and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 3,921,500 OR [] Indefinite

(b) Total Amount Sold \$ 1,818,150

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 2,103,350 OR [] Indefinite

Clarification of Response (if Necessary): []

Item 14. Investors

Check this box [X] if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: 13

Enter the total number of investors who already have invested in the offering: 3

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0 [] Estimate

Finders' Fees \$ 0 [] Estimate

Clarification of Response (if Necessary): []

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$

Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned, duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Name of Signer

Signature

Title

Date

Number of continuation pages attached:

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

SUPPLEMENTAL ANSWER TO ITEM 11

****The acceptance of the Offering by current stockholders is not conditioned upon acceptance of a minimum number of shares. New stockholders who accept the offer of stock must purchase the amount of shares offered.**

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Dietz, First Name: Robert, Middle Name: J.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Asbury, First Name: Clarence, Middle Name: E.
Street Address 1: 415 Fallowfield Road, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Scaer, First Name: Robert, Middle Name: M.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Knepp, First Name: Lynn, Middle Name: E.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Banks
First Name: Roger
Middle Name: J.
Street Address 1: 207 Senate Avenue
Street Address 2:
City: Camp Hill
State/Province/Country: PA
ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Allen
First Name: Chester
Middle Name: L.
Street Address 1: 207 Senate Avenue
Street Address 2:
City: Camp Hill
State/Province/Country: PA
ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Diviney
First Name: John
Middle Name: G.
Street Address 1: 301 Holiday Drive
Street Address 2: Suite 200
City: Pittsburgh
State/Province/Country: PA
ZIP/Postal Code: 15220
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Koontz
First Name: Gene
Middle Name: C.
Street Address 1: 207 Senate Avenue
Street Address 2:
City: Camp Hill
State/Province/Country: PA
ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Kenny | John | R. |
| Street Address 1 | Street Address 2 | |
| 4722 North 24th Street | Suite 250 | |
| City | State/Province/Country | ZIP/Postal Code |
| Phoenix | AZ | 85016 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Nowicki | Paul | D. |
| Street Address 1 | Street Address 2 | |
| One Cragwood Road | Suite 205 | |
| City | State/Province/Country | ZIP/Postal Code |
| South Plainfield | NJ | 07080 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Nicholas | Donald | B. |
| Street Address 1 | Street Address 2 | |
| 150 Wood Drive | | |
| City | State/Province/Country | ZIP/Postal Code |
| Braintree | MA | 02184 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Malloy | Michael | W. |
| Street Address 1 | Street Address 2 | |
| 2155 Louisiana Boulevard N.E. | Suite 7000 | |
| City | State/Province/Country | ZIP/Postal Code |
| Albuquerque | NM | 87110 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Dougherty, First Name: John, Middle Name: V.
Street Address 1: 10751 Deerwood Park Boulevard, Street Address 2:
City: Jacksonville, State/Province/Country: FL, ZIP/Postal Code: 32256
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Hair, First Name: Glen, Middle Name: L.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Botchie, First Name: Joseph, Middle Name: G.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Raffensperger, First Name: Jeffrey, Middle Name: L.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: McLemore, First Name: Barbara, Middle Name: R.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Milakovic, First Name: Gregory, Middle Name:
Street Address 1: 1000 Atrium Way, Street Address 2: Suite 300
City: Mt. Laurel, State/Province/Country: NJ, ZIP/Postal Code: 08054
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Pugh, First Name: Richard, Middle Name: A.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Wilson, First Name: David, Middle Name: B.
Street Address 1: 207 Senate Avenue, Street Address 2:
City: Camp Hill, State/Province/Country: PA, ZIP/Postal Code: 17011
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

END