

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

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Check if this is an Amended Registration  1. Effective Date of Registration \_\_\_\_\_  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant Name **Cassidy & Associates, Inc.**  
 Address **700 Thirteenth Street, NW, Suite 400**  
 City **Washington** State **DC** Zip **20005**  
 4. Principal place of business (if different from line 3)  
 City **\*\* Same as Above\*\*** State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name Contact E-Mail (optional)  
**202/585-2410 Dennis Kedzior**  
 6. General description of registrant's business or activities  
**Consultants in Government Relations**

## CLIENT

*A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.  Self*

7. Client Name **HUNTERDON MEDICAL CENTER**  
 Address **2100 Westcott Drive**  
 City **Flemington** State **NJ** Zip **08822** USA  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities  
**Medical Center**

## 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)          |
|----------------|--|
| Dennis Kedzior | Staff Assistant, House Appropriations Comte        |
| Michael Merola | Dep. Chief of Staff, Ofc of Sen. Torricelli        |
| Blenda Pinto   | Chief Legis. Correspondent, Ofc of Sen. Lautenberg |

Registrant Name: Cassidy & Associates, Inc.

Client Name: HUNTERDON MEDICAL CENTER

**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.

**BUD**

12. Specific lobbying issues (current and anticipated)

**Facility Enhancement and Program Funding**

**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 in 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 the 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 the 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 | Ownership percentage in client |
|------|---------|---|--|--------------------------------|
|      |         |   |  |                                |

Signature: Michael Merola Date: 2/14/2001

Printed Name and Title: Michael Merola - Senior Associate