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LOBBYING REPORT

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

1. Registrant Name Cassidy & Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 700 Thirteenth Street, NW, Suite 400 City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City ** Same as Above** State/Zip (or Country)			
4. Contact Name Telephone E-mail (optional) Mary Shields			5. Senate ID # 8453-
7. Client Name <input type="checkbox"/> Self CENTRAL MAINE HEALTHCARE			6. House ID # 30223

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De

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

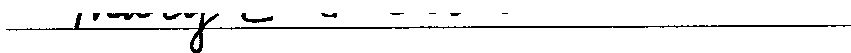
10. Check if this is a Termination Report >> Termination Date _____

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$80,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p>

Mary E Shields

Signature  Date 11/11/2008

Printed Name and Title Mary Shields - Executive Vice President Pa

Registrant Name: Cassidy & Associates, Inc.

Client Name: CENTRAL MAINE HEALTHCARE

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 BUD (one per page)
16. Specific Lobbying issues
FY2005, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2004, Healthcare Facilities
H.R.2673, Consolidated Appropriations Act, 2004,
FY2005, Departments of Veteran Affairs and Housing and Urban Development Appropriations Bill, Health Electronic Medical Record.

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Defense
House of Representatives
Senate
Veterans Administration

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

Name	Covered Official Position (if applicable)
Madden, Jaclyn	LD to Congressman Keller (R-FL)
Nelson, Rosemary	
Russo, Martin A.	
Shields, Mary	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Mary E Shields

Signature Mary Shields Date 11/17/2000

Printed Name and Title Mary Shields - Executive Vice President Pa

Registrant Name: Cassidy & Associates, Inc.

Client Name: CENTRAL MAINE HEALTHCARE

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
Madden, Jaelyn

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou

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 registra
or affiliated organization

M. E. Shields

Signature  Date 2/17/2005

Printed Name and Title Mary Shields - Executive Vice President Pa