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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 Louis Perry, III	Telephone 202-585-2494	E-mail (optional)	5. Senate ID # 8453-3173
7. Client Name <input type="checkbox"/> Self HUNTERDON MEDICAL CENTER			6. House ID # 30223284

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	13. Organizations
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>\$100,000.00</u> Income (nearest \$20,000)	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)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature



Date 8/14/2001



Registrant Name: Cassidy & Associates, Inc.

Client Name: HUNTERDON MEDICAL CENTER

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

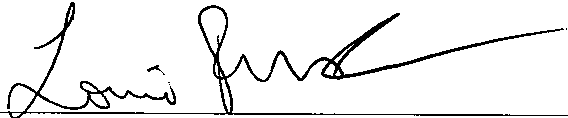
**H.R.2620, Department of Veterans Affairs, Housing and Urban Development and Independent Agencies Ap Act, 2002, Community Health Campus
House/Senate, Departments of Labor, Health and Human Services, and Education and Related Agencies Ap Act, 2002, Emergency Room Expansion and Community Health Campus**

17. House(s) of Congress and Federal agencies contacted Check if None
**House of Representatives
Senate**

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

Name	Covered Official Position (if applicable)
Kedzior, Dennis	Staff Assistant, House Appropriations Cmte
Merola, Michael	Dep. Chief of Staff, Ofc of Sen. Torricelli
O'Shea, Sean	Sr. Advisor, Ofc of Cabinet Affairs, EOP
Perry, III, Louis	
Pinto, Blenda	Chief Legis. Correspondent, Ofc of Sen. Lautenberg

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

Signature  Date 8/14/2001



Registrant Name: Cassidy & Associates, Inc.

Client Name: HUNTERDON MEDICAL CENTER

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

Kedzior, Dennis

Merola, Michael

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 Business (city and state or country)

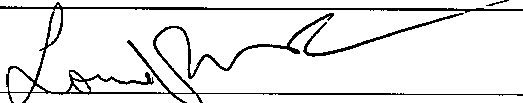
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

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 8/14/2001

